

SURRENDER FORM
FERRET RESCUE AND HALFWAY HOUSE, INC
7150 SATE ROAD 44
MARTINSVILLE, INDIANA 46151

PHONE 765-349-0265

DATE _____

I _____ certify that I am the owner of the pet(s) surrendered to Ferret Rescue and Halfway House -- I also understand that this is a "no kill" Facility and that a home will be found for all pets surrendered unless there is a health problem and no resolution is possible.

Address of owner _____ Phone (Home) _____
City _____ State _____ Zip _____ (Cell) _____

Description and profile of Pet:

Name _____ Color _____ Sex _____

Age of Pet _____ Neutered/Spayed Y _____ N _____ Weight _____ # _____ oz

Behavior: Biter _____

Likes: Cats _____ Dogs _____ Children _____

Other ferrets _____

Training: Amount of freedom _____

Litter training: Box _____ Paper _____ Untrained _____

Pet kept outside? _____

Diet: Has ferret been fed people food? _____ Kind _____

Type of regular food: Dry? _____ Brand _____

Canned? _____ Brand _____

Treats? _____ Kind _____

Feeding schedule daily _____

Water - Bottle _____ Bowl _____

Tattoo Y _____ N _____

Please list any bad behavior you have noted with this pet-it will aid us in attempting to correct the problem or advise a new owner.

List and fears the pet has (Vacuum - thunder) _____

List any allergies you are aware of _____

List any medical problems experienced _____

List any surgeries the pet has had _____

Name of Veterinarian that has cared for this Ferret _____

Address _____

City _____ State _____ Zip _____

Vaccinations: Date _____ Rabies _____ Distemper _____

Are you the original owner? Yes _____ No _____

May we call you for additional information if needed? Yes _____ No _____

I acknowledge surrender of the ferret listed above and understand that it will be given the best possible treatment and a new home will be found at the earliest possible date.

Signature _____