



Owner Information

Date _____ Current Owner's Name _____
Address _____
City _____ State _____ Zip Code _____
Daytime phone # _____ Evening phone # _____
Cell # _____ Email address _____
How did you learn about NWIBA? _____

At the Time of Surrender

Reason for Surrender:

Will you be turning in your ferret's cage(s) with your ferret? Yes No

Authorization to Obtain Veterinarian Information

I hereby authorize the release of ALL medical records pertaining to the above listed ferret(s) to authorized representatives of NIBA. Instructions as follows:

Signature _____ Date _____

Veterinarian Information: (Obtain complete vet records and attach to this acquisition form)

Veterinarian name _____ Clinic _____

Address _____

City _____ State _____ Zip Code _____

Office Phone # _____ Fax # _____

Last visit date _____ Reason for visit _____

Is your ferret micro-chipped? _____ If so, what brand? _____

Is your ferret DNA registered? _____ If so, who with? _____

Describe any injuries your ferret has sustained _____

Describe any surgeries done and reason for the surgery _____

List any medications your ferret has been on and reasons prescribed _____

How often do you take your ferret to the vet? _____

Has your ferret been treated for any diseases? Please describe _____

Ferret Information-Use additional sheets as necessary

#1. Ferret's Name _____ Color _____

Sex (if known) MALE FEMALE

Date ferret was acquired _____ (Birthdate, if known) _____

Acquired from _____

Address _____

City _____ State _____ Zip Code _____

Phone # _____ Contact name _____

Is your ferret hand tame Yes No Please explain:

Condition of
ferret: _____

Current Diet

Please describe your ferret's current daily diet (e.g. seeds, nuts, pellets, treats, cooked foods, fruits and vegetables),
be specific: _____

Do you use vitamin supplements? Yes No If so, in food or water _____

Has your ferret ever been on herbal therapy? Yes No If yes, describe _____

Routine Care

Bathing Frequency? DAILY TWO-THREE TIMES PER WEEK BI-WEEKLY TRI WEEKLY

Likes or
dislikes: _____

Playtime
Activities: _____

Favorite
toys: _____

Describe your ferret's play
areas: _____

Is your ferret destructive? YES NO

Describe: _____

How many hours a day does your ferret spend outside the cage? 1 HR 2 HRS 3 HRS
 4+ HRS

How many hours a day does your ferret spend home alone? 1 HR 2 HRS 3 HRS 4+
HRS

Are there any other ferrets or pets in your home? YES NO Types: CAT DOGS
OTHER: _____

Was the ferret afraid of other pets? YES NO Please
explain: _____

Does your ferret interact with other ferrets? YES NO Please explain:

Do you leave the radio, TV or other audio/video on for your ferret? YES NO

Cage size _____

Brand: _____

Does your ferret have any conditions that require treatment and/or specialized caging/play areas? YES NO
please explain:

Behavior

Does your ferret prefer: MEN WOMEN CHILDREN

Does your ferret dislike: MEN WOMEN CHILDREN GUESTS/STRANGERS

List any known behavioral problems (chewing, biting, etc) _____

Has your ferret seen a behaviorist Yes No If yes, who and when? _____

I, _____

hereby donate to

NWIBA, _____

I relinquish all claims to the above listed animal(s) and any future progeny. I understand that I no longer have any legal rights to the animal(s) listed above, nor any opinions, written or otherwise, regarding decisions NWIBA, or future adopters, makes regarding care for the animal(s).

Signature _____ Date _____

Donor's Name (please print) _____

The above-mentioned animal(s) has been accepted by:

Signature _____ Date _____

Accepted by (please print) _____

Veterinarian Care Sheet- Provide

Veterinarian name _____ Clinic _____

Address _____

City _____ State _____ Zip Code _____

Office Phone # _____ Fax # _____

Examined by: _____

Date: _____ Time: _____ AM PM

Reason for exam: _____

Treatment: _____

Medicine: _____

Dispensing Information: _____

Cost (Attach receipts): Total: \$ _____