



**Metropolitan NY/NJ Ferret
Welfare Society, Inc.**
33 Arrowhead Drive
Neshanic Station NJ 08853
<http://www.metroferret.com/>

Ferret Shelter Sponsorship Application

Please tell us about you:

Shelter Name: _____	Contact Name: _____
Address : _____	E-Mail : _____
City/State/Zip: _____	Web Address : _____
Telephone : _____	<i>May we link our site to your site?</i> _____

Number of ferrets currently in Shelter	:	_____
Number of Permanent Residents	:	_____
Your Maximum Ferret Capacity	:	_____
Number of Ferrets requiring Veterinary Care:		_____

Are you also a Ferret Breeder?	Yes	No
Are you a Non-Profit Organization?	Yes	No
Are you a no-kill shelter?	Yes	No
Are you registered with NJ FG&W?	Yes	No
If yes, your number:	_____	
Please list your Tax-ID Number:	_____	

Do you accept surrenders from:			
	The SPCA?	Yes	No
	Pet Stores?	Yes	No
	Individuals?	Yes	No

Do you charge Adoption or Surrender Fees?	Yes	No
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If yes, please provide us with a description of your fees:

As a courtesy, some shelters vaccinate their adoptable ferrets. Do you vaccinate against:

Distemper?	Yes	No	If yes, type of vaccination: _____
Rabies?	Yes	No	If yes, type of vaccination: _____

Please list your veterinary information:

Name	:	_____	Account No.:	_____	
Address	:	_____	Balance	:	_____
City, State, Zip	:	_____			
Telephone	:	_____			

To what extent does your shelter seek medical care for sick and injured ferrets? (E.g. Adrenal: Surgery or Meds Only) Please describe:

Do you quarantine new surrenders? Yes No If Yes, how long? _____

Please describe your shelter resident exercise plan:

Are you currently sponsored by or affiliated with any other Ferret Club? Yes No

If yes, name of club/contact: _____

Would you be willing to provide a picture of one of your ferrets in need of costly medical care for posting on our website, for sponsorship purposes?

Yes No

Should funds become available for the ferrets treatment, we will notify you. Would you agree to have the care administered, and submit a copy of the bill to MetroFerret?

Yes No

Would you be willing to provide a periodic update as to the number of ferrets in your care?

Yes No

Would you be willing to accept periodic, pre-arranged visits from representatives of Metro Ferret, solely to ensure that shelter conditions are acceptable?

Yes No

Would you like volunteers for: (check all that apply) Note: *All Metro Ferret Volunteers will have completed a "Hold Harmless" agreement prior to volunteering.*

- Cleaning Cages?
- Trimming Nails?
- Ferret Transport?
- Cleaning Ears?
- Pet Store Days?
- Other: _____
- Ferret Transport?
- Fostering Ferrets?

Please tell us what you are FREQUENTLY in need of (check all that apply):

- Carpet/Linoleum
- Ferretvite
- Toys
- Ferretone
- Cages
- Nutrical
- Litter pans
- Laxatone
- Water Bottles
- Hammocks
- Other: _____

Should cash donations become available, MetroFerret may purchase a gift certificate for the shelter. Please indicate which company you would prefer a gift certificate to:

- Jeffers
- The Ferret Store
- Other: _____
- Other: _____

Please list below the types of litter and ferret food you use:

Litter

Food

Is there anything else you would like to tell us? Please use the space below:

Your Certification:

I, _____, certify that the information provided herein is current and accurate to the best of my knowledge.

Signature & Title

Date

Thank you for taking the time to complete this application. Should you have any questions or concerns, please feel free to contact us at <mailto:admin@metroferret.com> We will contact you as soon as your application is processed and reviewed. We are looking forward to helping you to help the ferrets!

Sincerely,

Tracy Colangelo, Founder

Metropolitan NY/NJ Ferret Welfare Society, Inc.
