

Little Dudes Ferret Ranch

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www.littledudesferretranch.com



FOSTER QUESTIONNAIRE

If you are considering fostering a needy ferret, please complete the following:

Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work _____

Employer _____

Name of veterinarian _____

Do you: **OWN** **RENT** Landlords name _____ Phone _____

Do you have children? Yes No What ages? _____

What other pets do you/have you owned? _____

Do you still have them? _____ If not, what happened to them? _____

Have you owned ferrets before? **YES** **NO** If yes, explain _____

Why do you want to foster a ferret? _____

How will you ferret proof your home? _____

Please explain how you would care for a ferret with the following diseases:

Ulcers _____

Adrenal _____

Insulinoma _____

Lymphosarcoma _____

What type of food and litter will you use? _____