



Ferret History Form

Office Use Only: Admitting Clinician: _____ Appointment Time _____ Date _____
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Name of Ferret: _____

Species: _____ Age: _____ Sex: _____ Pet Ferret Breeder

Background Information

Length of time owned : _____ Where acquired? Breeder Pet Store Other _____

Vaccine History:
Distemper (date of vaccine) _____ Rabies (date of vaccine) _____

On Heartworm preventative? Yes No Has pet been tested for Heartworms?

Character of feces: _____ Is the Ferret taken outside? Yes No

How often is the Ferret handled? Daily Occasionally Never

Husbandry

Housed Indoors Outdoors Is the Ferret allowed to roam free in the house? Yes No

Type of cage: _____ Size of cage: _____ Galvanized? Yes No

Where is the cage located: _____

Cage Substrate: _____ How often is cage cleaned? _____

What type of disinfectant used when cleaning the cage? _____

Is there a litter pan in the cage? Yes No Types of toys: _____

Type of furniture within the cage: _____

Nutrition

Type of food offered

Cat Food: Yes No If yes, what Brand: _____ Amount fed/frequency: _____

Ferret Food: Yes No If yes, what Brand: _____ Amount fed/frequency: _____

Supplements/Treats offered and frequency _____

Water source _____ How often is it changed? _____

Any other pets? Yes No If yes, specify: _____

Do other pets interact with the Ferret(s)? Yes No Any other Ferrets? Yes No

Are Ferrets housed together or singly? _____

If not housed together, where are the other Ferrets located? _____

Any new additions to the Ferret population? Yes No If yes, please specify: _____

Past Medical History/ Problems:

Current Presenting Problem:
