

Ferret History Form	Date: _____		
RDVM info	Admitting Clinician: _____		
	Appt. Time: _____		
Name of Ferret: _____	Color variety: _____	Sex: _____	Age: _____

Background Information:
Length of time owned: _____ Where acquired? Breeder Pet Store Other _____
Vaccination History: Distemper _____ Rabies _____
Date of Vaccination _____ Date of Vaccination _____
On Heartworm preventative? Yes No Has ferret been tested for heartworms? _____
How often is ferret handled? Daily Occasionally Never Character of Feces _____

Husbandry:
Housed Indoors/Outdoors? _____ Is ferret allowed to roam free in the house? Yes No
Where is cage located? _____ Size of Cage _____
Type of Caging: _____ Galvanized? Yes No
Cage Substrate? _____ How often is caged cleaned? _____
Is there a Litter Pan present in cage? _____ What brand of litter is used in pan? _____
What type of disinfectant is used when cleaning cage? _____
Types of furniture within cage? _____
Types of toys _____

Nutrition:
Type of food offered:
-Cat Food? No Yes If yes, what brand? _____ Amount fed/frequency: _____
-Ferret Food? No Yes If yes, what type? _____ Amount fed/frequency: _____
--Supplement/Treats offered and frequency? _____
Water source? _____ How often is water changed? _____
Any other pets? No Yes If yes, specify _____ Do other pets interact with ferret? Y/N
Any other ferrets? No Yes Specify _____
Are ferrets housed together or singly? _____ If not housed together, do the ferrets interact? _____
Any new additions to the ferret population? No Yes If yes, specify _____

Past Medical History/Problems:

Current Presenting Problem:

Duration of Complaint: