

Date:

Ferret History Form

It is important to provide an accurate history of your pet in order to receive the best treatment options available.

Please provide information to the questions below.

1. Patient Information

Name: _____

Gender: Male Female Unknown

Spayed/Neutered: Yes No Unknown

Date of birth: _____

Date acquired and source (pet store, breeder, previous owner): _____

Number of previous owners (other than breeder, store): _____

What states and/or countries has your pet lived in? _____

2. Environment

Is the animal kept indoors or outdoors? _____

Describe the cage enclosure (size, type, objects in cage - toys, etc.): _____

What type of material is used to line the bottom of the cage/litter pan? _____

Is the animal kept in the cage with other animals? Yes No

If you answered yes to the previous question, how many cage-mates are there? What sex are the cage-mates? Are the cage-mates spayed or neutered? _____

Please list all other pets in the household: _____

Have there been any new pets (within the last 6 months) placed in this animal's cage? _____

How much time does your pet spend outside of the cage? _____

Is your pet supervised when it is out of the cage? At all times Sometimes No

Does your pet chew on carpet or other objects/materials when outside of the cage? _____

Please list recent changes in the environment, if any: _____

3. Diet

What amount of your pet's diet consists of the following (please describe what the animal actually eats, not what is offered):

Kibble: _____

Live/frozen prey: _____

Fruit: _____

Treats: _____

Other: _____ Amount/type: _____

How often do you change your pet's food? _____

What (if any) treats do you give your pet (brand and amount)? _____

Do you supplement your pet with any vitamins? Is the food or water supplemented with vitamins? Brand and frequency? _____

Please describe any recent change to your pet's diet: _____

4. Reproduction

Has your ferret been spayed/neutered? Yes No

If no, are you planning on breeding your ferret? Yes No Possibly

How many litters has your ferret had/sired previously? _____

When was the last litter? How many kits? _____

Please list any health problems with the kits: _____

5. Previous conditions, problems, or operations (list with date if known): _____

6. Vaccinations/Heartworm prevention

Has your ferret received any vaccinations? Rabies Distemper Other: _____

Date(s) vaccinations were given: _____

Has your ferret ever had a vaccine reaction? Yes No If yes, was it mild moderate severe

Please describe the reaction and symptoms: _____

Is your ferret on heartworm prevention? Yes No

7. Is your ferret here for a **Check-up** **Illness (please check one)**

If your ferret is here for an illness, please describe the signs/symptoms and how long your pet has been showing these signs/symptoms: _____

Is your ferret's activity level Normal Decreased Increased

Is your ferret's appetite Normal Decreased Increased

Have you noticed any of the following:

- Weight loss
- Weight gain
- Discharge from the eyes or nose
- Increased breathing rate or effort
- A change in the droppings
- Abnormal skin color or shedding
- Parasites on the skin or in the feces
- Weakness

Have you used any medications from a pet store? _____

8. Has your ferret been seen by another veterinarian for any of the current problems? **Yes** **No**

If yes, when? _____

Please list tests performed: _____

Please list medications given: _____

9. Is there anything else you would like done today?

- Nail Trim
- Have questions about: _____
- Other: _____