

FERRET MEDICAL HISTORY FORM

Owner: _____ Date: _____

Pet Name: _____ Breed (common name): _____

Color: _____ Age / Birthdate: _____ Sex: M N F S Unknown

ABOUT YOUR FERRET

1. *Your pet was obtained:* Breeder Pet store Friend Humane Soc. Other: _____

2. *How long have you owned this ferret:* _____ *Number of ferrets in household:* _____

3. *Type and brand of food & treats:* _____
Amount: _____ Feeding schedule: _____

4. *How is your ferret's appetite:* Normal Other: _____

How is your ferret's attitude: Happy-Active-Normal Depressed-Lethargic Other: _____

Is your ferret drinking: Normally More Less than usual.

5. *Do you notice any of the following:* Limping Eye Discharge Nasal discharge Sneezing

Coughing Shaking head Scooting Scratching Vomiting Diarrhea Lumps

Weight loss Lethargy / weakness Hair loss

6. *Does your ferret use a litterbox consistently:* Y N

YOUR FERRET'S ENVIRONMENT

1. *Does your ferret have cage mates:* Y _____ N

If yes, how many: _____ Are they fed seperately: Y N

2. *Type of cage:* Metal Wood Plastic Other: _____

3. *Cage Size:* _____ *Toys:* _____

4. *Hiding places:* _____ *Cage location in the home:* _____

5. *How often does your ferret come out of the cage for socialization / handling:* _____

YOUR FERRET'S MEDICAL HISTORY

1. *Previous veterinary hospital:* _____

May we request your records from their office? Yes No First visit to a veterinarian

2. *Has your ferret had the following in the last 12 months:*

Physical examination: Yes date: _____ No Unsure

Fecal sample test: Yes date: _____ No Unsure

Blood testing for kidney & liver function: Yes date: _____ No Unsure

3. *Has your ferret been vaccinated for the following in the last 12 months:*

Rabies: Yes date: _____ No Unsure

Ferret Distemper: Yes date: _____ No Unsure

4. *Has your ferrett been dewormed in the last 12 months:* Yes date: _____ No Unsure

COMMENTS: _____

