

<b>Ferret History Form</b>		<b>Date:</b>	
Name of Ferret: _____		Age: _____	Sex: _____
Color variety: _____			

**Background Information:**

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

Vaccination history: Distemper 1 Date given: \_\_\_\_\_ Rabies 1 Date given: \_\_\_\_\_

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? \_\_\_\_\_

Type of cage: \_\_\_\_\_ Galvanized? Yes  No

Size of cage: \_\_\_\_\_

Cage substrate? \_\_\_\_\_ Frequency of cage cleaning? \_\_\_\_\_

Type of disinfectant used to clean cage? \_\_\_\_\_

Is there a litter pan present in cage? \_\_\_\_\_ What brand of litter is used in pan? \_\_\_\_\_

Types of furniture within cage? \_\_\_\_\_

Types of toys \_\_\_\_\_

**Nutrition:**

Type of Food offered:

--Cat food? Yes  No  If yes, what brand? \_\_\_\_\_ Amount fed/frequency: \_\_\_\_\_

--Ferret food? Yes  No  If yes, what type? \_\_\_\_\_ Amount fed/frequency: \_\_\_\_\_

--Supplements/Treats offered and frequency? \_\_\_\_\_

Water Source? \_\_\_\_\_ How often is water changed? \_\_\_\_\_

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Any other pets? No  Yes  If yes, specify \_\_\_\_\_ Do other pets interact with ferret? No  Yes

Any other ferrets? No  Yes  If 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:**