

## Ferret Husbandry Form

Date: \_\_\_\_\_

Instructions: An accurate history of your pet is extremely important. We would appreciate your cooperation in providing us with the following information. Please check the appropriate boxes or use the spaces provided. Thank you.

### 1. Patient information

- Gender:
- Spayed/Neutered:
- Date of Birth:
- Date acquired:
- Source (breeder/pet store/previous owner):
- # of previous owners:
- Other countries/states in which your pet has lived:

### 2. Environment

- Cage type:
  - Dimensions:
  - Lining/Substrate:
- How often and for how long do you let your pet out of its cage?
- Is your pet monitored at all times while out?
- At what temperature is the enclosure maintained?
- Please indicate any recent changes to the enclosure:
- Please describe any furnishings or objects in cage:
- Please list all pets in your household:
- Species Age Housed in cage with patient?

### 3. Diet Have you changed the pet's food recently? If so, when and why?

\_\_\_\_\_

What is your ferret's diet?

- Food (type and brand)
- Treats given: (include brand)
- Amount actually consumed by pet:
- How often given: Kibble Live/Frozen Prey Fruit Treats

### 4. Reproduction:

Has your ferret been spayed/neutered? yes no If "No":

Are you planning on breeding your ferret? \_\_\_\_\_

How many litters has your pet 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

Date problem began	Description of Problem / Procedure	resolved / ongoing

6. Is your ferret here for a well pet check-up or is it sick?  
 Is your pet's general activity level normal, decreased, or increased?  
 Is your pet's appetite normal, decreased, or 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? \_\_\_\_\_

Please tell us how your ferret has been doing recently, as well as any problems he/she has been having:

\_\_\_\_\_  
 \_\_\_\_\_

7. 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: \_\_\_\_\_

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

Nail trim

I have questions about: \_\_\_\_\_

Other: \_\_\_\_\_