



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.):

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

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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?

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Please list all other pets in the household:

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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?

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Please list recent changes in the environment, if any:

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**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?

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

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**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:

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

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**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:

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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:

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Other:

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**Thank you!**