

# Kettle Moraine Veterinary Clinic

2712 Eastern Ave. P.O.Box 439

Plymouth, WI 53073

(920)892-4225

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 about the questions below.

### 1. Patient Information

Name: \_\_\_\_\_

Gender: Male Female Unknown

Spayed/Neutered: Yes No

Date of Birth: \_\_\_\_\_

Date Acquired and source: Pet store Friend/Family Breeder Rescue Humane Society

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 litter 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 other 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 animals 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 materials when outside 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)? \_\_\_\_\_

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

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Please describe any recent change in 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: \_\_\_\_\_

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 vaccination 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:    Checkup    Illness

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

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Is your ferrets activity level    normal    decreased    Increased

Have you noticed any of the following:

Weight loss

Weight gain

Discharge from eyes and nose

Increased breathing rate and effort

A change in droppings

Abnormal skin color or shedding

Parasite on the skin or feces

Weakness

Have you used any medications from a pet store? \_\_\_\_\_

8. Has your ferret been seen by another veterinarian for any 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!