

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?

Please list recent changes in the environment, if any: _____

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 frequency?

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

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):

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:

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: _____

Other: _____

Thank you!