Ferret History/Husbandry Form

Client Name	Pet Name	Date:
AgeSex	Animal is a: Pet	Breeder
Does pet have a microchip? Yes No If yes, what i	s the microchip number?	
Medical History:		
Has pet had a Rabies Vaccine? Yes No Unsure	Distemper Vaccine? Yes	No Unsure
Has pet been tested for heartworms? Yes No Ur	nsure Is pet o	on heartworm prevention? Yes No
Background:		
Length of time owned	Where did you acquire p	et?
How often is pet handled? Daily	Occasionally	Never
Husbandry:		
Housed: Indoor Outdoor Does p	et roam free in house?	Yes No Occasionally
Type of caging:Size of	caging:	_Cage location:
Cage Substrate:How often is cage cleaned?		
What is used to clean cage?		
Toys offered? Yes No Litter box offered	ed? Yes No	
Who is housed with pet? housed singly with a cage mate(s) If cage mate how many?		
Do other pets interact with this pet? Yes	No If yes, specify	
Other pets in the house? Yes No If yes,	specify type and amount:	
Any new additions to the pet population? Yes	No If yes, specify	
Were new pets quarantined? Yes No Ler	ngth of time?	How?
Nutrition:		
Is pet eating well? Yes No Is pet drinking v	vell? Yes No	
Type of food offered:		
Ferret food? Yes No If yes, which brand		_Amount fed/frequency
Cat food? Yes No If yes, which brand		_Amount fed/frequency
Is food offered "Grain Free"? Yes No Unsu	ire	
Supplements/Vitamins? Yes No If yes, which bra	and	_Amount given/frequency
Water source?How o	ften is water changed?	
Reason for visit:		
Which type of visit is this? Wellness Sick/be	ehavior If sick/behavior	issue please explain?
How long has pet had this issue?	Are other pets in house h	naving the same issue? Yes No
Describe the pet's feces:		
	defecating normally? Yes	No
Any recent travel? Yes No If yes v	vhen and where?	
Any known vaccine or medication reactions?	Yes No If yes p	lease explain: