**Ferret History Form**

**Background Information:**

Owner name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

Pet’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth/age\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M F Unknown

Length of time owned: \_\_\_\_\_\_\_\_\_\_\_ Where acquired: Breeder/Pet store/Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Husbandry:**

Type of caging (metal, wood, plastic, etc.): Sides: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Base(bottom)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dimensions of cage: Length\_\_\_\_\_\_\_\_ Width\_\_\_\_\_\_\_\_\_ Height\_\_\_\_\_\_\_\_\_

Is there a litterbox in the cage? Yes□ No□ If yes, what type of litter is used? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly describe your ferret’s cage (toys, hiding structures, etc.)

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

How often is the cage cleaned? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ What type of disinfectant is used? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many hours per day is the ferret in daylight (sunlight and/or artificial light)? \_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any other ferrets? Yes□ No□ If yes, how many? \_\_\_\_\_\_

Ferrets are housed: Together□ Separately□

If not housed together, where are the other ferrets located in regard to this ferret? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any new ferret additions to the home? Yes□ No□ If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other pets? Yes□ No□ If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nutrition:**

Types of foods offered:

Cat food? Yes□ No□ If yes, what brand? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount fed/frequency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commercial ferret food? Yes□ No□ If yes, what brand? \_\_\_\_\_\_\_\_\_\_\_\_\_ Amount fed/frequency\_\_\_\_\_\_\_\_\_\_\_\_\_

Supplements? Yes□ No□ If yes, what brand/types? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treats? (please specify amount/frequency)

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

Water source (water bottle, bowl, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How often is the water changed? \_\_\_\_\_\_\_\_\_\_\_\_

Continued on back 🡪

**Medical History:**

Please list previous medical problems (if any):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vaccine History:

Distemper vaccine (date given) \_\_\_\_\_\_\_\_\_\_\_\_\_ Rabies vaccine (date given) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your ferret been recently exposed to other ferrets? (boarding, etc.) Yes□ No□

Have there been any changes in your ferret’s environment? (moved cage, new cage, etc.) Yes□ No□

If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your ferret have any behavior problems? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have there been any changes in your ferret’s feces? (number, color, consistency, etc.) Yes□ No□

If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check any symptoms or problems that you have noticed about your pet:**

**□Decreased appetite □Increased appetite □Anorexia (not eating at all) □Weight loss**

**□Vomiting/regurgitation □Difficulty breathing □Coughing □Lethargy**

**□Diarrhea □Sneezing □Scratching □Nasal or eye discharge**

**□Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**