



Serving South Jersey For Over 40 Years
856-234-7626 • 220 Mount Laurel Road
Mount Laurel, NJ • mlahvet.com

24 Hour Emergency & Specialty Care

Ferret Husbandry Form

DATE: _____

CLIENT ID: _____

PATIENT NAME: _____

LAST NAME: _____

Instructions: An accurate history of your pet is extremely important. We would appreciate your cooperation in providing us with the following information. Please check the appropriate boxes or use the spaces

1. Patient Information:

Gender: [] Female [] Male

Spayed / Neutered)? [] Yes [] No

Date of birth:

Date acquired:

Source (breeder / pet store / previous owner):

Number of previous owners:

Other states or countries in which your pet has lived:

2. Environment

Cage type:

Dimensions:

Lining / substrate:

How often and for how long do you let your pet out of its cage?

Is your pet monitored at all times while out?

At what temperature is the enclosure maintained?

Please indicate any recent changes to the enclosure:

Please describe any furnishings or objects in cage:

Please list all pets in your household:

Species - Age - Housed in cage with patient?

1) Species:	Age:	Housed with patient:	[] Yes	[] No
2) Species:	Age:	Housed with patient:	[] Yes	[] No
3) Species:	Age:	Housed with patient:	[] Yes	[] No
4) Species:	Age:	Housed with patient:	[] Yes	[] No
5) Species:	Age:	Housed with patient:	[] Yes	[] No

3. Diet

Have you changed the pet's food recently? [] No [] Yes - If so, when and why:

Please fill in the following chart relating to your ferret's diet:

Food or treat given (include brand):

[] Kibble [] Live / Frozen prey [] Fruit [] Treats

Amount actually consumed by pet:

How often given:



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4. Reproduction:

Has your ferret been spayed/neutered? Yes No

If "No": Are you planning on breeding your ferret?

How many litters has your pet 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

Date began - Description of Problem / Procedure - Resolved or ongoing

- 1) Date:
Description:

 Resolved Ongoing
- 2) Date:
Description:

 Resolved Ongoing
- 3) Date:
Description:

 Resolved Ongoing
- 4) Date:
Description:

 Resolved Ongoing
- 5) Date:
Description:

 Resolved Ongoing
- 6) Date:
Description:

 Resolved Ongoing



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6. Is your ferret here for:

- A well-pet check up (ie, no major health concerns)? If so, please skip to section 8.
- A sick / unhealthy evaluation with health concerns.

Is your pet's general activity level: Normal Decreased Increased

Is your pet'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?

Please tell us how your ferret has been doing recently, as well as any problems he/she has been having:

7. Has your ferret been seen by another veterinarian for any of the current problems?

- No
- Yes - If yes, when?

Please list tests performed:

Please list medications given:

8. Is there anything else you would like done today?

- Nail trim
- I have questions about:

- Other: