

# Ferret History



Pet Name: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Species: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Sex: Female Male Spayed Nurtured

Age: \_\_\_\_\_ Color: \_\_\_\_\_

## Background Information

Length of time owned \_\_\_\_\_ Where acquired? Breeder Pet Store Other

How often is your pet handled? Daily Occasionally Never

Date of Rabies Vaccination: \_\_\_\_\_ Date Of Distemper Vaccination: \_\_\_\_\_

Has your ferret been test for heartworms? Yes No Date of last test \_\_\_\_\_

Do you give monthly heartworm preventive? Yes No

Character of Stool \_\_\_\_\_

## Husbandry:

Housing: indoors outdoors Is your pet allowed to roam free in the house? Yes No

Where is cage located? \_\_\_\_\_

Type of cage? \_\_\_\_\_ Size of cage? \_\_\_\_\_

Is cage galvanized? Yes No

How often is caged cleaned? \_\_\_\_\_

What type if disinfectant is used when cleaning cage? \_\_\_\_\_

Is there a litter pan in the cage? Yes No What brand of litter is used in the pan \_\_\_\_\_

Type of cage furniture? \_\_\_\_\_

Are there toys in the cage? Yes No What are the toys made of? \_\_\_\_\_

## Nutrition:

Ferret Food? Yes No

Pellets? Yes No if yes what brand? \_\_\_\_\_

Amount fed/frequency: supplements offered and frequency? (i.e. seeds, vegetables etc.)  
\_\_\_\_\_

Water source? \_\_\_\_\_ How often is water changed? \_\_\_\_\_

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

Do other pets interact with ferret? Yes No

Any other ferrets? Yes No If yes, specify \_\_\_\_\_

Are ferrets housed together? Singly

If not housed together, do the ferrets interact? \_\_\_\_\_

Any new additions to the ferret population? Yes No If yes specify \_\_\_\_\_