

Ferret New Patient History



Specialized Care for Avian & Exotic Pets
10882 Main St. Clarence, NY 14031
(716) 759-0144 fax (716) 759-0146

• This Visit

Date: _____ Reason for visit today? _____

How did you hear about us (phone book, newspaper ad, pet store, etc.)? _____

Have you been referred by another veterinarian? Yes (Name of Vet: _____) No

*** If your veterinarian has specifically referred your ferret to us, so that we may maintain good working relationships, we will not be able to provide care for other pets you may own and request that you maintain routine care for this patient with your primary veterinarian.*

• Owner and Pet Identification

Owner's Name(s): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____ City, State, Zip: _____

E-mail: _____

Please select address you prefer for health reminders e-mail regular mail text

Emergency Contact and Phone Number: _____

Employer's Name: _____

Ferret's Name: _____ Color: _____

Date of Birth or Age: _____ Date Acquired: _____

Sex: *Male Female Unknown*

Color: *Sable White Other* _____

Where was the pet obtained: Pet Store Animal Shelter Breeder Rescue Group Other

• Diet

Pelleted Food (include brand name and amount fed daily) _____

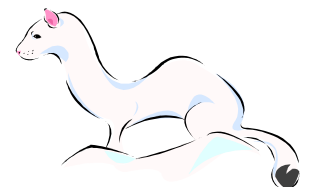
Please list any "table foods" and treats fed and amount fed daily: _____

Do you give your pet vitamins or other supplements? Yes No

If yes, please list: _____

How is water offered? *Bowl Bottle Tap water Bottled Filtered*

**** PLEASE FILL OUT BOTH SIDES OF PAGE ****



- **Housing and Environment**

Is your pet housed? *Caged Free in house*

How much out of cage time does the ferret have daily? _____

What kind of toys does your ferret like to play with? _____

Do you have other ferrets? _____

If yes, are they housed in the same cage? *Yes No*

Have any ferrets been sick or have any died in the last 12 months? *Y/N*

List other pets in the home: _____

- **Previous Medical History**

Has your ferret had any previously diagnosed illness? *Yes No*

If yes, please describe _____

Has your ferret had any laboratory tests performed? *Yes No*

If, yes please circle: *Blood work Fecal exam X-rays Other* _____

Has your ferret ever had surgery? *Yes No*

If yes, please describe _____

Date of last vaccines: Distemper (_____) Rabies (_____) No vacc

Has your ferret ever had an adverse reaction to a vaccination? *Yes No*

Have you noticed:

- ___ Decreased or loss of appetite
- ___ Hair loss
- ___ Diarrhea or straining to eliminate
- ___ Weight loss
- ___ Increased sleeping
- ___ Itchiness
- ___ Weakness, glazed eyes
- ___ Personality change
- ___ Salivation, pawing at mouth
- ___ Odor changes