

New Patient Form – Ferret

HISTORY

Name:

Species:

Age:

Sex:

Where did you get your pet?

When?

Has your pet been to a vet before?

Where?

Have they received any vaccines?

Any history of vaccine reactions?

Any prior medical concerns?

Do you have any medical records?

Is your pet on any medications?

HABITAT

What kind of habitat do they live in?

Where in the home is it located?

Size?

Is it multilevel?

Bedding?

How often is it cleaned?

With what?

Any hides/furniture?

Is your pet litter box trained?

What kind of litter?

How often is it cleaned?

DIET

What type of diet (Ex: raw, freeze-dried, canned, dry pellets)?

Type / brand?

Amount and frequency?

Treats?

Type?

Amount and frequency?

What water source is offered?

How often is it cleaned?

Any supplements?

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Type, amount, and frequency?
How is it provided?

ENRICHMENT

Does your pet spend time outside of their habitat?

How often and for how long?

Inside or outside?

Are they ever allowed to roam unsupervised?

Does your pet have access to toys?

What kind?

How often are they changed/cleaned?

Does your pet interact with any other animals? What kind?

Is your pet routinely handled and by who?