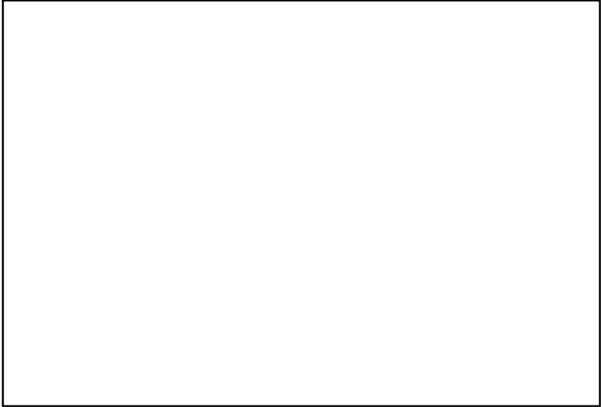


**Veterinary Hospital of the University of Pennsylvania  
Ferret Husbandry Form**



Date: \_\_\_\_\_

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 provided. Thank you.

**1. Patient information**

1. Gender:	2. Spayed/Neutered:	3. Date of Birth:
4. Date acquired:	5. Source (breeder/pet store/previous owner):	
6. # of previous owners:	7. Other countries/states in which your per has lived:	

**2. Environment**

1. Cage type:	Dimensions:	Lining/Substrate:
2. How often and for how long do you let your pet out of its cage?		Is your pet monitored at all times while out?
3. 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?	
_____	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no
_____	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no
_____	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no
_____	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no
_____	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no

**3. Diet**

Have you changed the pet's food recently? If so, when and why? \_\_\_\_\_

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

**Food or treat given: (include brand)    Amount actually consumed by pet:    How often given:**

Kibble			
Live/Frozen Prey			
Fruit			
Treats			

**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 problem began	Description of Problem/Procedure	Resolved?	
_____	_____	<input type="checkbox"/> resolved	<input type="checkbox"/> ongoing
_____	_____	<input type="checkbox"/> resolved	<input type="checkbox"/> ongoing
_____	_____	<input type="checkbox"/> resolved	<input type="checkbox"/> ongoing
_____	_____	<input type="checkbox"/> resolved	<input type="checkbox"/> ongoing
_____	_____	<input type="checkbox"/> resolved	<input type="checkbox"/> ongoing

**6. Is your ferret here for a well pet check-up or is it sick?**

Is your pet's general activity level normal, decreased, or increased?

Is your pet's appetite normal, decreased, or increased?

Have you noticed any of the following?

- |   |                                      |  |
|---|--------------------------------------|--|
| <input type="checkbox"/> Weight loss,                       | <input type="checkbox"/> Weight gain | <input type="checkbox"/> Discharge from the eyes or nose       |
| <input type="checkbox"/> Increased breathing rate or effort |                                      | <input type="checkbox"/> A change in the droppings             |
| <input type="checkbox"/> Abnormal skin color or shedding    |                                      | <input type="checkbox"/> Parasites on the skin or in the feces |
| <input type="checkbox"/> 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?**

yes no

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: \_\_\_\_\_