

AVIAN & EXOTICS - FERRET HISTORY

YOUR DETAILS

Your Name	Pets Name			Date				
Where did you obtain your ferret from?	<input type="radio"/> Pet Store	<input type="radio"/> Breeder	<input type="radio"/> Rescue Group	<input type="radio"/> Friend or Family	<input type="radio"/> Private Sale	<input type="radio"/> Stray	<input type="radio"/> Other _____	
How long have you owned it?	Estimated age when obtained		When was your ferret last vaccinated					
Is your ferret desexed?	<input type="radio"/> Yes - surgical	<input type="radio"/> Yes - chemical (implants)	<input type="radio"/> Unknown	<input type="radio"/> No	Has your ferret had any heartworm prevention?	<input type="radio"/> Heartgard	<input type="radio"/> Revolution	<input type="radio"/> None
Has your ferret had any flea prevention?	<input type="radio"/> Frontline	<input type="radio"/> Revolution	<input type="radio"/> None	Has your ferret had any intestinal worming prevention?	<input type="radio"/> Heartgard	<input type="radio"/> Revolution	<input type="radio"/> None	

DIET

What do you feed your ferret				
Any supplements given?	<input type="radio"/> Daily	<input type="radio"/> Weekly	<input type="radio"/> Never	If yes, please list

OTHER PETS AND ENCLOSURE

Types of other pets in household:	How many other ferrets in household:			
What type of house does your ferret live in?	<input type="radio"/> Free range	<input type="radio"/> Cage	<input type="radio"/> Room	Details

ACCESS TO HAZARDS

Access to electrical cords:	<input type="radio"/> Yes	<input type="radio"/> No	Access to garlic or onion:	<input type="radio"/> Yes	<input type="radio"/> No	Access to lead paint:	<input type="radio"/> Yes	<input type="radio"/> No	Exposure to pesticides (including rodenticides):	<input type="radio"/> Yes	<input type="radio"/> No
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RECENT HISTORY

Activity and energy levels	<input type="radio"/> Normal	<input type="radio"/> Increased	<input type="radio"/> Decreased	<input type="radio"/> Unknown	Appetite	<input type="radio"/> Normal	<input type="radio"/> Increased	<input type="radio"/> Decreased	<input type="radio"/> Unknown
Thirst	<input type="radio"/> Normal	<input type="radio"/> Increased	<input type="radio"/> Decreased	<input type="radio"/> Unknown	Faecal production	<input type="radio"/> Normal	<input type="radio"/> Decreased	<input type="radio"/> Diarrhoea	<input type="radio"/> Unknown
Urate production	<input type="radio"/> Normal	<input type="radio"/> Increased	<input type="radio"/> Decreased	<input type="radio"/> Unknown	Other changes to urine				
Changes in respiration (sneezing, coughing, nasal discharge, laboured breathing?)	Any recent respiratory illness in the household?								
Current medications (name and dosage)									
Current concerns									

Thank you taking time to complete this form. Please send it to info@sashvets.com before your appointment