

NEW PATIENT FORM - Ferret

Thank you for giving us the opportunity to care for your Pet!

		Ferret's Name:					
Date of Birth:			Color:				
Age:			Patterns/Markings/Tattoo:				
Sex	Male		Neutered		Female		Spayed
Microchip	YES	NO	Brand:		Microchip #		
Adopted from	Breeder	Pet Store	Rescue	Shelter	Stray	Other	
		Vaccination History (Please provide the date of the last vaccination)					
Rabies vaccine:				Distemper vaccine:			
		Medical History					
Allergies	Vaccine	YES	NO	Specify:			
	Food	YES	NO	Specify:			
	Drugs	YES	NO	Specify:			
Prescription Diet	Brand:			Type:			
	Amount:			Frequency:		x Day	
Medication(s):							

Supplement(s):

Past Medical
Conditions &
Surgeries

Dental Care

Behavioral Disorders

Fears and Phobias

Elimination Problems

Aggression

Destructive Behaviors

Eating disorders

Other

Hyperactivity

Repetitive Behaviors

Has your Ferret displayed any fractious or aggressive behavior in the past? YES NO

Preventive History

TEST

DATE
(Last date)RESULT
(Positive or Negative)

Fecal (Stool) Test

Heartworm Test

Heartworm Preventive:

Dose:

Frequency:

Flea & Tick Control:

Frequency:

Dewormer:

Date:

Other:

	Additional Information			
Regular Diet	Brand:		Dry	Canned
	Type:		Amount:	Frequency: x Day
	Home Made	Cooked	Raw	Treats
Lifestyle	Indoors Only		Indoors-Outdoors	Outdoors Only
Occupation	Breeding	Show	Therapy	Other
Day Care	Never	1x Week	1x Month	Other
Grooming	Never	1x Week	1x Month	Other
Boarding	Never	Often	Vacations	Other
	Pet Enrichment			
Playtime	Never	1x Day	2x Day	Other
Toys:				
Other:				

Would you like to be present during the examination of your Ferret? YES NO

Would you like to be present for treatments performed on your Ferret such as drawing blood and giving vaccinations? YES NO