



Webster Groves Animal Hospital

Ferret Health Care Questionnaire



Please fill out this Ferret Health Questionnaire. With your help, we can discover problems early while they can be handled more effectively and less expensively. Together, we can keep your pet's life happy and healthy.

Pet's Name: _____ Owner's Name: _____ Home Phone Number: _____

Species: _____ Age: _____ Sex: Male Female Microchip: YES NO

Reason For Visit: Annual Health Care New Pet Exam Sick Pet General Exam/Consultation Date: _____

Current Health History

Have you noticed any of the following:

Decreased appetite	<input type="checkbox"/> YES <input type="checkbox"/> NO	Increased appetite	<input type="checkbox"/> YES <input type="checkbox"/> NO	Hair Loss	<input type="checkbox"/> YES <input type="checkbox"/> NO
Decreased drinking	<input type="checkbox"/> YES <input type="checkbox"/> NO	Increased drinking	<input type="checkbox"/> YES <input type="checkbox"/> NO	Itching	<input type="checkbox"/> YES <input type="checkbox"/> NO
Decreased defecation	<input type="checkbox"/> YES <input type="checkbox"/> NO	Increased defecation	<input type="checkbox"/> YES <input type="checkbox"/> NO	Swollen vulva/prepuce	<input type="checkbox"/> YES <input type="checkbox"/> NO
Decreased urination	<input type="checkbox"/> YES <input type="checkbox"/> NO	Increased urination	<input type="checkbox"/> YES <input type="checkbox"/> NO	Difficulty urinating	<input type="checkbox"/> YES <input type="checkbox"/> NO
Decreased activity	<input type="checkbox"/> YES <input type="checkbox"/> NO	Increased activity	<input type="checkbox"/> YES <input type="checkbox"/> NO	Lumps or swellings	<input type="checkbox"/> YES <input type="checkbox"/> NO
Decreased sleeping	<input type="checkbox"/> YES <input type="checkbox"/> NO	Increased sleeping	<input type="checkbox"/> YES <input type="checkbox"/> NO	Behavioral changes	<input type="checkbox"/> YES <input type="checkbox"/> NO
Vomiting	<input type="checkbox"/> YES <input type="checkbox"/> NO	Sneezing or breathing problems	<input type="checkbox"/> YES <input type="checkbox"/> NO	Movement difficulty	<input type="checkbox"/> YES <input type="checkbox"/> NO
Diarrhea	<input type="checkbox"/> YES <input type="checkbox"/> NO	Nasal discharge	<input type="checkbox"/> YES <input type="checkbox"/> NO	Exercise intolerance	<input type="checkbox"/> YES <input type="checkbox"/> NO
Bad breath	<input type="checkbox"/> YES <input type="checkbox"/> NO	Eye changes	<input type="checkbox"/> YES <input type="checkbox"/> NO	Weakness	<input type="checkbox"/> YES <input type="checkbox"/> NO

If "YES" to any of the above, please explain and include when changes occurred:

A. History

How long have you had your ferret? _____ Has your ferret had any prior health problems? YES NO
 Describe: _____
 Where did you acquire your ferret? _____
 Breeder Pet Store Private owner Other
 Friend Rescue Internet seller
 What tests/x-rays/etc. previously performed: _____
 Name of Source (Breeder/Business/Group) _____ Describe: _____
 Any current medications? YES NO
 Describe: _____
 Is this ferret current on vaccines (Distemper and Rabies)? YES NO
 Are there other ferrets in your home? YES NO
 How many? _____
 Do you use monthly heartworm and parasite preventatives? YES NO
 How long have you had them? _____
 Are they current on vaccines? YES NO
 Name of product: _____ Do they have any past or present health issues? YES NO
 Describe: _____
 Is this your first ferret? YES NO Are any of them new or recent ferrets? YES NO

Continued on Reverse

B. Diet

What is the staple diet of your ferret?

- Dry Ferret food Kitten food
 Moist Ferret food Other Describe: _____

What is your feeding schedule for your ferret?

- Free choice (always available) Twice daily portions
 Three or more daily portions

What brand(s) of food do you feed your ferret? _____

Does your ferret eat anything other than the staple diet? YES NO

Do you provide supplements (vitamins, probiotics, etc.)? YES NO

Describe: _____

C. Husbandry

Is your ferret litterbox trained? YES NO

What type of litter do you use? _____

Do you keep nails trimmed? YES NO

Have you "ferret proofed" your home? YES NO

Does your ferret stay caged when you are not home? YES NO

- Type of cage Multi-level One level Custom made
 Fixed wall Collapsible

Size _____

Do you provide toys for your ferret?

Describe: _____

Is your ferret caged at night? YES NO

Does your ferret ever go outside? YES NO

- If "Yes": In cage Out of Cage
 Supervised Unsupervised

How many hours of sleep does your ferret get daily? (estimate)

- 8-10 hours 11-15 hours 16-20 hours

How many hours does your ferret have of darkness each day?

- (no lights, TV, computer screen, window light, etc.)
 8-9 hours 10-12 hours 12-14 hours

Does your ferret go to pet stores? YES NO

Does your ferret ever visit with other ferrets? YES NO

Do you ever board your ferret? YES NO

Where? _____

How consistent is the quiet, dark time (photoperiod)?

- Regular (every night is the same) Varies by Season

Are there other pets in your home? YES NO

What are they? _____

- Random (some nights more, some less, no pattern)

- Irregular (may vary day to day or week to week, but consistent over long time)

Thank you for taking the time to complete this questionnaire. Please feel free to ask any questions about the topics on this form during your pet's exam.



WEBSTER GROVES
ANIMAL HOSPITAL
Caring for Pets