**HOSPITAL REGISTRATION FORM FOR YOUR FERRET**

To help us keep your ferret healthy, please complete this form and, if necessary, use the additional space on the back of the pages. Please answer as many of the questions as possible.

Owner's name................................................................................................................

Address.........................................................................................................................

............................................................... Postcode………Telephone no......................

Name of ferret…………........................................................................................

How long have you had your ferret?....................................................................

Age.......................Sex...................... Neutered? Y/N.

If neutered, at what age approx.?..... . ……………….Colour……………………………

Source (circle):   Pet shop          Friend               Breeder            Other (details below)

………………………………………………………………………………………………..

Do you keep other ferrets?

If so, please give details of their type, sex, how long you have had them and any problems they may have had recently.

What other pets do you have?

**Your ferret’s environment**

Are they confined to an enclosure or a cage all of the time? Y/N

If they are given time out of their enclosure, where do they have access to and are they always supervised?

Is your ferret housed alone? If not, list all other animals in the enclosure and how long they have been together.

Describe any changes in the household since you have had your ferret.

**Size and type of enclosure**

Please describe the enclosure and its **dimensions**, and **draw a plan** on the back of this page. Describe the materials it is made from. Are there any solid walls? If you have a photograph of it, you can include this too.

Where is the enclosure? If it is inside, which room is it in? If outdoors what other structures are nearby?

How is the enclosure cleaned? How often? List products used.

**Cage furniture**

Please list what is in your ferret’s enclosure.

How often are the cage furnishings cleaned and how?

 **Heat sources**

Describe the heating of the enclosure, if any.

**Water**

How do you provide water and how often is it changed?

 **More about your ferret**

How often do you check your ferret?

How often is your ferret handled?

Do they like being held? Any biting/nipping behaviour?

Has your ferret’s behaviour changed recently? How?

 **Reproduction**

Does your ferret have a breeding history? Does it display sexual activity?

**Food**

What diet do you feed and how often? Include all meat, bones, dry food, wet food, and any human food items or treats.

(Try to provide an estimated percentage of the diet for each item)

List any supplements, vitamins, minerals, tonics, medicines, probiotics etc.

How long have you fed your ferret this diet?

What was the previous diet? (if applicable)

What is your ferret's favourite food?

Has there been any change in weight that you are aware of?

**Medical history**

Any previous health concerns?

Any change in fur?

Does your ferret have an annual vaccination?

Does your ferret have an annual heartworm injection?

Has your ferret had a Health Screen performed (blood examination)? If so, please detail.

List all past medical problems, including dates and medications.

*(attach printed history if referred from another clinic)*

Please provide **details about the current problem** with your ferret.

**How long** has the problem been going on? Is it getting **worse/better/same**?

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**THANK YOU FOR FILLING OUT THIS DETAILED FORM.**
Payment is required on the day of consultation.