



Ferret Annual Examination Questionnaire

Owner's Name _____ Date _____

Address _____ Postal Code _____

Phone numbers (home) _____ (cell) _____
(work) _____

E-mail _____

Emerg. Contact (other than immediate family): _____ ph: _____

Pet's Name _____ Breed _____ Colour _____

Sex _____ Neutered Spayed Age or Birthday _____

1. How did you acquire your ferret? _____

2. What type of food do you feed your ferret and how much do you feed? _____
 Treats _____ Other _____

3. Has your ferret been to a veterinarian before? If yes, when/where? YES NO _____

4. Has your ferret received vaccines before? If yes, when/which vaccines? YES NO _____

5. Does your ferret drink from a bottle or a bowl? _____

6. Does your ferret use a litter box? YES NO _____

7. How much time does your ferret spend in its cage or does he/she have their own room to run in? _____

8. What kind of toys or stimulation do you offer to your ferret? _____

9. What do you use for bedding and how often do you clean the cage? _____

10. Does your ferret go outside? If yes, how much time is spent outside? YES No _____

11. Do you groom your ferret (i.e. trim nails, brush fur)? YES NO If yes, how often? _____

12. Do you provide dental care for your ferret (i.e. brush teeth)? YES NO If yes, how often? _____

13. Does your ferret have any contact with other pets inside or outside of the home? YES NO

14. Are there any health issues you wish to discuss? YES NO _____

15. Does your ferret chew on things that he/she should not chew on? YES NO _____

16. Have you noticed any of the following: Coughing or Labored Breathing Limping Lethargy Lumps or bumps Sneezing
 Increased Thirst Increased Urination Vomiting Diarrhea Constipation Scratching Flakey skin Hair loss
 Changes in eating habits Discharge from eyes/nose Changes in urine or stool Changes in behavior

Do you have any other questions or concerns? _____