



Ferret Health Questionnaire

Date _____

Owner's Name _____ Pronouns (optional) _____

Address _____ Postal Code _____

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

E-mail _____

Emergency Contact (other than immediate family) _____ Phone _____

Patient:

Pet's Name _____ Age or Birthday _____

Breed _____ Colour _____

Gender: ☐ Male ☐ Female ☐ Unknown ☐ Neutered ☐ Spayed

How long have you had your ferret? _____

From where did you acquire your ferret? _____

Is your ferret vaccinated? ☐ YES ☐ NO
If yes, date of last vaccines: Distemper (_____) Rabies (_____)

Has your ferret ever had an adverse reaction to a vaccination? ☐ YES ☐ NO

Is your ferret on heartworm preventative? ☐ YES ☐ NO

Housing:

How is your ferret housed?
☐ Cage ☐ Free in room ☐ Free in home ☐ Other _____

What are the dimensions of their enclosure? _____

What materials do you use for hideouts and bedding? _____

Does your ferret use a litterbox? ☐ YES ☐ NO
If yes, what type of litter do you provide? _____

How often do you clean your ferret's cage, and/or change the litter/bedding? _____

What cleaning agents are used? _____

How much time do they get to explore outside their area daily? _____

Do you provide UVB lighting for your ferret? ☐ YES ☐ NO
If yes, what type of light is used and how often is it changed? _____

Does your ferret go outside? ☐ YES, supervised ☐ YES, unsupervised ☐ NO
If yes, please provide details _____

What types of enrichment toys do you provide your ferret? _____

Do you have other pet(s) in the household? ☐ YES ☐ NO
If yes, list the number of pets and species: _____

Diet:

Please list all food items your ferret consumes, as well as amount fed:

Dry Food (brand?) _____
Wet Food (brand?) _____
Meat/prey (type) _____
Treats/Other _____

Does your ferret drink from a: ☐ Bottle ☐ Bowl ☐ Fountain ☐ Other _____

What foraging opportunities do you provide for your ferret during mealtimes?

Health & Fitness:

Does your ferret allow you to perform any of the following grooming procedures: (check all that apply)

☐ Trim nails ☐ Brush teeth ☐ Clean ears ☐ Bath ☐ Other _____

Has your ferret had any previous health issues requiring medical, or surgical treatment? ☐ YES ☐ NO

If yes, please provide further details _____

Is your ferret currently on ANY supplement or medication (incl. glucosamine, vitamins, probiotics, etc)?

If yes, please indicate how often and amounts _____

Have you noticed any changes in water consumption?

☐ No change ☐ Increased drinking ☐ Decreased drinking

Have you noticed any of the following changes in eating habits: (check all that apply)

☐ Changes in eating habits ☐ Difficulty eating ☐ Dropping foods
☐ Vomiting ☐ Drooling

Have you noticed any of the following changes to their urine or fecal production: (check all that apply)

☐ Increased urination ☐ Decreased urination
☐ Change in litterbox habits ☐ Diarrhea, or straining to eliminate

Have you noticed any of the following symptoms in your ferret: (check all that apply)

☐ Scratching ☐ Hair loss ☐ Lumps or bumps
☐ Runny eyes/nose ☐ Sneezing and/or coughing ☐ Odour changes
☐ Weight loss ☐ Lameness or change in mobility ☐ Changes in behaviour
☐ Weakness, glazed eyes ☐ Salivation, pawing at the mouth ☐ Fainting, collapse or shortness of breath

Do you have any specific questions or concerns? _____