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| **Ferret Husbandry Questionnaire** By filling out the information below, to the best of your ability, we can more accurately identify your ferret’s health problem/s and provide the best possible solution.  |
| **GENERAL** |
| Name: |
| Breed: |
| Age/date of birth: | Is age accurate or estimate? |
| Gender/desexed:  |
| How long have you owned your ferret?  |
| Where did you obtain your ferret?  |
| Do you own any other ferrets/pets?  |
| Is your ferret vaccinated against distemper? When was the last vaccine given? |
| Is your ferret on heartworm prevention?  |
| **HOUSING** |
| Enclosure size, material and location:  |
| Time (hours) spent free-roaming in the house: |
| * Is this time supervised?
 |
| Outdoor time/walks: |
| Furniture and toys (describe any furnishing if used): |
| Litter box, litter material: |
| How often is the enclosure cleaned and with what? |
| **DIET** |
| Which of the following do you feed your ferret? | Description/brand | Amount fed | Frequency fed |
| [ ]  Commercial ferret food |  |  |  |
| [ ]  Commercial kitten food |  |  |  |
| [ ]  Raw meat/whole prey |  |  |  |
| [ ]  Supplements |  |  |  |
| [ ]  Human food |  |  |  |
| [ ]  Other |  |  |  |
| Type of food dish: |
| Water dish and frequency changed: |
| **BEHAVIOUR** |
| Does your ferret have any behavioural problems that concern you?  |
| **ADDITIONAL INFORMATION** |
| If there are any other important aspects of your ferret’s husbandry, please note them here: |
| What is the primary reason for your ferret’s vet visit?  |
| Is your ferret currently on any medication? |
| If possible, please bring photos of your ferret’s housing. Thank you. We look forward to meeting you soon.  |