



FERRET QUESTIONNAIRE

Ferret's Name: _____ Sex: M F Birthdate/Age: _____

Species: _____ Neutered/Spayed: YES NO

Source: Pet store _____ Prior owner _____ Breeder _____ Other _____

Date Acquired: _____

Date of last: Rabies Vaccine _____ Distemper Vaccine _____ Dental: _____

Housed: In Cage _____ Free-roaming in House _____

Type of litter in litter box: _____

Describe feces color, consistency, & frequency: _____

List everything your ferret ACTUALLY eats, including brand & treats: _____

List other ferrets, dogs, cats (how many): _____

Any other pets sick? YES NO

When did YOU notice your ferret was sick? _____

What signs have you noticed regarding this ferret, this incident? (CIRCLE ALL THAT APPLY)
diarrhea, blindness, vomiting, constipation, anorexia: breathing difficulty, lethargic, collapse, skinny,
obese, limping, bleeding, eye/nostril/ear problems, skin problems, change in personality, dental
problems, swelling of vulva, hair loss, urination issues, pawing at mouth, drooling

Is your ferret on any medications? If YES, what are they? _____

**I AM / AM NOT familiar with adrenal gland disease in ferrets.

**I AM / AM NOT aware that a ferret is considered geriatric (old) at 3 years of age.

Signature: _____

Date: _____