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FERRET QUESTIONNAIRE



Please fill out as much of the information below as possible. A full background history is essential in helping us work towards the diagnosis of any problem.

Name _____

PROBLEM

ANIMAL

Pet Name _____

Age _____

Color _____

Sex _____

Castrated/Spayed _____

Place of Acquisition _____

Age at Acquisition _____

ENCLOSURE

Dimensions & Type _____

Is the floor solid or wire? _____

Is the ferret kept indoors or outdoors? _____

What bedding materials do you use? _____

Does your ferret have free access around the house? _____

What kind of toys does your ferret have access to? _____

Any Cage mates _____

Any Other Pets _____

What disinfectant do you use to clean the cage? How often?

Do you bathe your ferret? If yes, how often and with what? _____

DIET

Diet/Proportions _____

Where do you buy the food from? _____

Frequency of feeding and replacement of old food _____

Supplements/Treats/Frequency _____

Water Source _____

How often is the water changed? _____

HEALTH

Any previous illnesses? _____

How long has your ferret been ill? _____

Any other ferrets/pets affected/ill? _____

Any new ferrets introduced within the last six months? _____

Has your ferret been vaccinated for Canine Distemper/Rabies? If yes when was the date of the last vaccine? _____

Has your ferret ever lived outside Oregon? _____

Is your ferret on heartworm prevention? _____

Any change of food or water (type or source) ? _____

Any signs of weight loss? _____

Any decrease in activity level? _____

Any change of appetite? _____

Any change in water consumption? _____

Any increase in urine production or straining to urinate? _____

Any episodes of collapse or hind leg weakness? _____

Any signs of increased salivation? _____

Any coughing/sneezing? _____

Any vomiting/regurgitation? _____

Any Diarrhea? _____

Have you noticed any new lumps or bumps on your ferret? _____

Any signs of hair loss or itchiness/skin rashes? _____

Any difficulty breathing or discharge from the eyes or nose? _____

Have you treated your ferret with any medications? If so, what and from where? _____

Has your pet had access to any potential toxins e.g. toys or paint that may contain zinc/lead, toxic plants, rubber chew toys, etc? _____