



EXOTIC COMPANION Ferret Registration

Primary Caregiver's Name: _____ Phone Number: _____

Ferret's Name: _____

Pet Details

Species/Breed/Variety: _____ I.D. Type: _____ I.D. No. _____ D.O.B: _____

Sex: M ___ F ___ Neutered or Spayed? _____ If yes, when? _____ Color: _____ Weight: _____

Length of Time in Household: _____ Two dots tattooed into the ear? _____

Odd Behaviors: _____

Housing

Does the Ferret have access to entire house? _____ yard? _____ Fenced Area? _____ Exercise wheel? _____

Type of enclosure? _____ Cage Size: _____ x _____ x _____ Substrate covering cage? _____

How Often do you clean cage? _____ Litterbox trained? _____ Leash trained? _____

Diet/Feeding

Ferret's Diet: Ferret Food _____ % Brand? _____

Other Foods? _____ Treats? _____

History

Please list briefly any previous health problems, including when they were noticed and how they were resolved: _____

Adverse Reaction to Medications? _____

Date of last fecal parasite test? _____ Results? _____

Date of last 3 distemper Vaccines? _____

Date of last Rabies? _____

Reason for todays visit? _____
