



# ALL Creatures Family Pet Hospital Exotic Pet Questionnaire: FERRET

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Gender (Circle one): Female Female/Spayed Male Male/Neutered

1. What is the reason for bringing your pet(s) to ALL Creatures Family Pet Hospital for examination? (Example: annual wellness, eye problem, losing weight, not eating, diarrhea...etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your ferret previously been examined by a veterinarian at a different veterinary hospital? YES/NO (circle one)

**\*If YES, please provide copies of medical records, if available.\***

2. How did you acquire your pet (i.e. from where or whom?)  
\_\_\_\_\_

3. When was your pet born? \_\_\_\_\_

4. How long have you been providing care for your pet? \_\_\_\_\_

5. What do you feed , how much and how often do you feed your pet?

(Examples: cat food (brand), dog food (brand), ferret food (brand)...etc. daily...etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any recent changes in your ferret's diet? \_\_\_\_\_

6. Any changes in your pet's appetite? \_\_\_\_\_

If you have observed any of the following with your ferret, please circle:

DROOLING, DROPPING FOOD, SWELLING ON SIDE OF FACE,

SWELLING ON BOTTOM OF JAW, HEAD TILTING TO ONE SIDE,

WOBBLY GAIT FALLING OVER, BREATHING FASTER THAN NORMAL,



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HAIR LOSS, SWOLLEN ABDOMEN, VOMITING, DIARRHEA, SLEEPING MORE THAN USUAL, WEAKNESS/LETHARGY

7. Do you add vitamin or mineral supplements to your pet's diet? YES NO  
(Circle one) If YES, how often, how much and which brands do you use?

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\*Please, **bring all supplements with you to your first appointment** for evaluation.

8. Do you house your pet indoors or outdoors or both? (Circle one)

9. What type of habitat do you provide for your ferret and what are the approximate dimensions? \_\_\_\_\_

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10. Describe exercise activities and frequency of activities:

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11. Has your pet's level of activity changed and, if so, how? Any lameness?

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12. Do you allow your pet to roam freely throughout the house or in areas outside of its habitat? YES NO (Circle one) If YES, please elaborate:

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13. What type of **substrate** do you place in the housing area? (Example: newspaper, towels, fleece bedding, hammocks, none...etc.)

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14. How frequently do you provide fresh **water** for your pet & how do you provide it? (Example; water bottle or bowl) \_\_\_\_\_

15. Any changes in your ferret's water consumption? \_\_\_\_\_

16. Any changes in your ferret's urine output or characteristics? (Example: different color, strong odor, bloody, increased or decreased...etc.) \_\_\_\_\_

17. What is the ambient temperature of your pet's habitat? \_\_\_\_\_ °F

18. How many ferrets do you house in the same **enclosure**? \_\_\_\_\_

19. How often does your pet **shed**? \_\_\_\_\_

How often do you brush your ferret's fur? \_\_\_\_\_

20. How often does your pet **defecate**? \_\_\_\_\_

21. Any changes in the appearance, frequency, or odor of your pet's feces? If so, please describe the problem (Example: diarrhea, constipation...etc.) \_\_\_\_\_

And for how long? \_\_\_\_\_

22. Is your pet **currently receiving any prescription or over the counter medications**? YES NO (circle one) If yes, what medication(s) are you administering, at what dose and frequency and how long has your pet been receiving the medication(s)? \_\_\_\_\_

23. Have you in the past or are you currently using any flea control products on your ferret? YES/NO (circle one) IF YES, which product(s), what dose did you administer, how often and when was last use? \_\_\_\_\_

