EXOTIC COMPANION

FERRET REGISTRATION

Primary caregiver's name _____ Home phone (____) _____

Home address _____ City _____

State _____ Zip _____ Business phone (____) _____ Best time to call: Day ____ Eve ____

Occupation of caregiver _____

No. of adults in household ____ Ages of children _____ Other pets in household? _____

Pet Details

Ferret's name:

Species/Breed/Variety _____ I.D. Type _____ I.D. No. _____

Sex: M F Neutered or spayed? _____ Weight _____ Date of birth _____ Color _____

Demusked? _____ Length of time in household _____ Two dots tattooed into the ear? _____

Idiosyncrasies _____

Females only: How many litters? _____ When was last litter? _____

Housing

Does ferret have access to entire house? _____ Yard? _____ Fenced area? _____ Exercise pen? _____

Special room? _____ Other special quarters? _____

Temperature in enclosure: Day? _____ Night? _____

Is ferret litter box trained? _____ Leashed trained? _____

Diet/Feeding

Basic, primary food(s): Ferret chow _____%; *Brand?* _____

Other foods _____ Treats _____

History

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

_____

_____

Adverse reactions to medications? _____

Date of last fecal parasite test _____ Results: _____

Date of last three vaccinations against canine distemper _____ _____ _____

Date of last rabies vaccination _____ Heartworm area _____

Reason for today's visit

If for illness or injury, please include date first noticed, changes observed during the problem, methods of treatment used (if any), and any other important, pertinent details.

_____

_____

I understand that all fees for services are to be paid at the time of release (unless prepaid) and I plan to pay by:

Cash ___ Check ___ Credit card ___ Date _____ Signature _____

Who referred you to us? *Please circle one:* Pet shop Yellow Pages Friend Newspaper TV Dr. _____
Veterinarian/Clinic