

# Warranwood Veterinary Centre

*The Best of Care for People and their Pets*

## HOSPITAL REGISTRATION FORM FOR YOUR FERRET

To assist us in keeping your ferret healthy, please complete this form and, if necessary, use the additional space on the back of the pages. Please answer as many of the questions as possible.

Owner's name .....

Address.....

..... Post Code.....Telephone no .....

Name of ferret.....Date of Purchase/**How long have you had your ferret?**.....

Breed.....Age .....Sex .....

Source:            Pet shop            Friend            Breeder            Other (please give details)

Last Distemper Vaccination Date:.....

Heartworm prevention used:

Do you keep other ferrets?

If so, please give details of their type, sex, date of acquisition and any problems they have had recently or if they are kept together.

What other pets do you have?

### Your ferret's environment

Is the ferret confined in an enclosure or at times allowed to wander in the house?

If allowed out, what does your ferret have access to? e.g. cat litter/roams house.

How is the room/house heated e.g. centrally by radiators, storage heaters, ducted warm air?

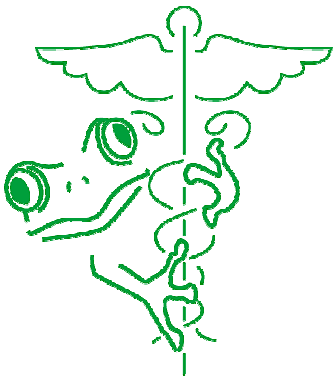
Describe any changes in household since you acquired your ferret.

### Size and type of cage

Please describe the cage and its dimensions, and draw a plan on the back of this page.

Perhaps you have a photograph that we may have.

How often do you check the cage?



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How is the cage cleaned? How often?

## **Substrate**

What is the cage substrate – material on the bottom of the cage (type and depth)?

How often is the substrate changed?

## **Hides**

What is the cage furniture e.g. hide box? Include these in the cage plan.

How often are these cleaned and how?

## **Heat sources**

Describe the heating (if any) of the enclosure

## **Water**

What is the water source and where is it in the cage?

How often is the water changed?

## **Your ferret**

How often do you check your ferret?

How often is your ferret handled?

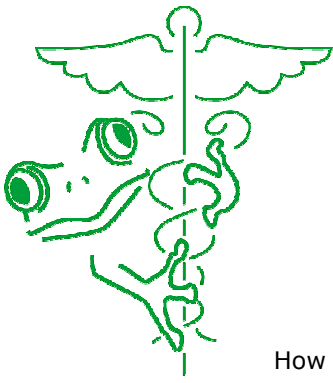
## **Reproduction**

What is your ferret's breeding history?

Does it display sexual activity?

## **Food**

What diet do you feed? (***Please list the Brand names used***)  
Indicate the **percentage** of the diet that each item occupies.



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List any supplements, vitamins, minerals, tonics, medicines, probiotics etc.  
Are these given in food or in water?

How long have you fed this diet?

What was the previous diet?

List any problem with faecal production (eg slimy/diarrhoea/constipated/normal):  
*(We recommend a twice-yearly faecal examination)*

What is your ferret's favourite food?

## **Medical history**

Who are the veterinary surgeons that have previously treated your ferret?

When was the last faecal examination of your ferret performed?  
*(We recommend twice yearly faecal examinations)*

When was the last blood examination (Health Screen) of your ferret performed?  
*(We recommend yearly blood screens for all young ferrets & twice yearly for ferrets over 3 years of age)*

List all past medical problems, including dates and medications. (Use the back of this page if insufficient space)

**Describe in detail the current problem** (ie why you are here today!)

**How long** has the current problem been present & is it **getting better/same/worse?**

Is there anything else that you think is important for us to know?

**THANK YOU FOR FILLING OUT THIS DETAILED FORM!**

***Please note that payment is required at time of consultation***

Payment Method (***Please circle***): CASH    EFTPOS    CREDIT CARD