



## Ferret Information

Owner's Last Name \_\_\_\_\_ First \_\_\_\_\_

**Patient's Name** \_\_\_\_\_ Age/Birthday \_\_\_\_\_

Sex: Male  Female  Spayed/Neutered? Yes  No  Microchipped? Yes  No

Color: \_\_\_\_\_ How long have you owned your pet? \_\_\_\_\_

Where did you get your ferret? pet shop  breeder  shelter  other : \_\_\_\_\_

Is this pet caged with other ferrets? Yes  No  How many? \_\_\_\_\_

Has this ferret been vaccinated previously? Yes  No

List all foods or treats you give your ferret:

\_\_\_\_\_  
List any major surgeries, illnesses or medication/vaccine reactions your pet has had:

\_\_\_\_\_  
List any behavior problems we need to be aware of:

\_\_\_\_\_  
Describe the type of cage and bedding:

\_\_\_\_\_  
Previous Medical Records? Yes  No

If yes, which clinic? \_\_\_\_\_ May we contact them? Yes  No

Does your pet have Pet Insurance? Yes  No  If yes, with whom? \_\_\_\_\_

Reason for Exam: Annual Physical Inappropriate/straining to urinate

Vomiting/Diarrhea Lethargy/Listlessness Loss of appetite

Coughing/Sneezing Change in weight Constipation

Scratching/Shaking head Hair loss

Other: \_\_\_\_\_

This form can be faxed to us at (509) 505-0251  
or scanned and emailed to [pinetreehospital@gmail.com](mailto:pinetreehospital@gmail.com)  
or brought in with you for your first appointment.

### **Professional Fees are to be paid at time of services.**

For your convenience we accept cash, check (with a valid driver's license), visa, mastercard, discover, american express, and care credit. Returned checks are subject to a \$35.00 fee.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_