



## Ferret Information

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

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

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

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

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

What type of cage and bedding? \_\_\_\_\_

Is your ferret litter-box trained? Yes No  If yes, what type of litter? \_\_\_\_\_

Is this pet caged with other pets (please list) \_\_\_\_\_

List all foods or treats you give your ferret:

\_\_\_\_\_  
\_\_\_\_\_

List any behavior problems we need to be aware of:

\_\_\_\_\_  
\_\_\_\_\_

List any major surgeries or illnesses your ferret has had:

\_\_\_\_\_  
\_\_\_\_\_

Has your ferret had any reactions to vaccines or medications in the past? Yes No

If yes, please list symptoms: \_\_\_\_\_

Previous Medical Records? Yes No

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

Please circle any of the following medical issues you have concerns with for your pet:

Vomiting/Diarrhea

Lethargy/Listlessness

Loss of appetite

Coughing/Sneezing

Change in weight

Constipation

Scratching/Shaking head

Hair loss

Inappropriate/straining to urinate

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

This form can be faxed to us at (425) 947-9832  
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 you 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 \_\_\_\_\_