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Ferret History Form

Client Information

Name: _____

Address: _____

Cell Phone: _____ Other Phone: _____

Email Address: _____

Employer: _____ Driver's License #: _____

Alternate Contact: _____ Alternate Contact Phone: _____

Pet Information:

Name: _____ Breed: _____

Color: _____ Date of Birth/Age: _____

Sex (if known): Female _____ Spayed _____ Male _____ Neutered _____ Vasectomized _____

Where did you get this ferret? _____ Date Acquired: _____

What other pets do you own? _____

Are your other pets in contact with this ferret? _____

Housing

Is this ferret always confined in enclosure/given limited supervised exercise time? (Please circle)

Please describe the enclosure (size and type). _____

Please describe exercise time. _____

What substrate (bedding) is used? _____

How often is the enclosure cleaned and what cleaning products are used? _____

Have there been any recent changes to your ferret's environment? If yes, please describe. _____

Diet

What foods do you feed your ferret (type of food, quantity and frequency)? _____

Which food is preferred? _____

What treats do you give and how often? _____

How is water provided (in bottle, bowl, combination)? _____

Do you give any supplements? If yes, what kind? _____

Have there been any recent changes in your ferret's diet? If yes, please describe. _____

Previous Medical History

Has your ferret ever been vaccinated? If yes, what type of vaccine and when? _____

Has your ferret ever had any parasite treatment? If yes, what type and when? _____

Has your ferret had any previous health concerns? If yes, what happened and when? _____

What is the reason for your visit today?

How long have you noticed the problem: _____