



15021 Edwards St. Huntington Beach, CA 92647 714-898-0568

**Ferret Health History form**

Date: \_\_\_\_\_

Owner last name: \_\_\_\_\_ Pet's name: \_\_\_\_\_

How long have you owned this pet? \_\_\_\_\_ Where was pet acquired from? \_\_\_\_\_

When was your pet's last Rabies vaccine? \_\_\_\_\_ Where was it performed? \_\_\_\_\_

Has your pet been spayed or neutered? \_\_\_\_\_ Has your pet been descented? \_\_\_\_\_

What prompted you to come today? (circle all that apply)      Annual visit    Nail trim    Other concerns

If you circled other concerns, can you describe briefly what those concerns are? \_\_\_\_\_

Has your pet recently experienced any of the following problems? (circle all that apply)

- Grinding teeth      Overgrown teeth      Runny nose      Drooling/Wet chin
- Coughing      Sneezing      Runny eye      Red eye      Squinting      Trouble breathing
- Lethargy      Reluctance to move      Inability to walk      Looks bloated in belly
- Lumps or bumps (where?      )      Eye bulging      Swollen foot
- Limping      Torn toe nail      Scratching      Dandruff      Bugs on skin
- Shaking head      Scratching at ears      Holding head at a tilt      Spurs on feet
- Not eating well (for how long?      )      Soft stool      Smaller bowel movements
- Fewer bowel movements      Straining to urinate or have BM      Weight gain
- Urinating more      Drinking more than usual      Weight loss      Wounds
- Emergency room visits (what for?      )      Pain of any kind

Other signs not listed here: please specify \_\_\_\_\_

What medications, if any, is your pet currently taking?      Critical Care formula      Vitamins

Other (please list with doses if possible): \_\_\_\_\_

What is your pet eating?

- Dry Food (Brand and amount per day):
- Moist Food (Brand and amount per day):
- Other food stuffs: (please specify):

Are there other pets housed with this one? Yes or No.      If Yes, How many?  
Is there anything else you want the doctor to know or want to talk with the doctor about?