

# BETHEL VETERINARY HOSPITAL

## *Ferret Questionnaire*

Name of pet: \_\_\_\_\_

Obtained from (pet store, breeder, etc...) \_\_\_\_\_

DOB: \_\_\_\_\_ Age Obtained: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Spayed/Neutered (yes/no)      Indoor/Outdoor (yes/no)

Cage Type: (wire-bottom, plastic bottom, other): \_\_\_\_\_

Type of litter or shavings used in cage: \_\_\_\_\_

How often do you clean the cage? \_\_\_\_\_

Water container (bowl/ bottle): \_\_\_\_\_

Any other ferret's in the household?: (yes/ no)

Are they in the same cage?: (yes/ no)

Does your ferret's have toys?: (yes/no) If yes what type: \_\_\_\_\_

How much time does your ferret spend outside the cage?:  
\_\_\_\_\_

### **Diet:**

What brand/type of food does your ferret eat and how much?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any other food/treats you feed your ferret:  
\_\_\_\_\_  
\_\_\_\_\_

Has your ferret been to a veterinarian before?: (yes/ no) If so, what was your ferret treated for?:  
\_\_\_\_\_  
\_\_\_\_\_