

Ferret / Hedgehog History

Date:

Patient's name:

General Information

1. Length of time owned:
2. Source
 - a. Pet store
 - b. Rescue organization
 - c. Breeder
 - d. Other:
3. How often is the ferret/hedgehog handled?
4. Any new ferret/hedgehog: Y N
Housed together? Y N
5. Any other pets:
6. Vaccination history
 - a. Distemper
 - b. Rabies
7. Heartworm preventative Y N (when was last treatment given?)
8. Sick animals/ deaths recently in the household:

Husbandry

1. Cage characteristics and location
2. Cage substrate:
3. Litter Type:
4. Frequency and method of cleaning:
5. What is in the cage:
6. Is the ferret/hedgehog allowed to roam free in the house:
7. Does the ferret/hedgehog go outside? Y N
8. Does the ferret/hedgehog like to chew on objects: Y N

Nutrition

- 1. Pellets Y N Type:
- 2. Other:
- 3. Treats Y N Type:
- 4. Supplements Y N Types
- 5. Water Source:
How often changed

Past medical History:

Presenting Problems:

General attitude:

Normal Abnormal

Specify:

Any changes in appetite/ eating behaviour:

Y N

Specify

And changes in drinking:

Y N

Breathing problems

Y N

Specify

Problem in Urination

Y N

Specify:

Problem ambulating:

Y N

Specify

Any ocular changes (discharge, protrusion)

Y N

Specify

Any skin/coat abnormalities

Y N

Specify

Is the Ferret/Hedgehog on any current medications:

Y N

Specify

Were you referred to us (Where did you hear about us) ?