

# Evergreen Avian & Exotic Animal Hospital

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## Ferret Registration

### **Pet Information**

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Pet's Name: \_\_\_\_\_ I.D./Microchip No. \_\_\_\_\_

Species/Breed/Variety: Mustelid/Ferret Ear tattoo? Y / N, type of tattoo if yes: 2 dots / 1 line

Circle: Male / Female\* Neutered / Spayed Descended? Y / N

Date of birth or approximate year of birth: \_\_\_\_\_ Color: \_\_\_\_\_

Acquired from: \_\_\_\_\_ Length of time in household: \_\_\_\_\_

Other pets in household: \_\_\_\_\_

\*Females only: How many litters? \_\_\_\_\_ When was last litter? \_\_\_\_\_

### **Housing**

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Does ferret have access to (circle): *entire house / yard / exercise pen / other*. \_\_\_\_\_

Time spent in cage \_\_\_\_\_ hours; Time spent out of cage \_\_\_\_\_ hours; Time unsupervised \_\_\_\_\_ hours

Temperature in enclosure: Day? \_\_\_\_\_ Night? \_\_\_\_\_

Duration of light: \_\_\_\_\_ hours; dark \_\_\_\_\_ hours

Is ferret litter box trained (circle)? Y / N, type of litter used if yes \_\_\_\_\_; Leashed trained? Y / N

### **Diet/Feeding**

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Diet Brand: \_\_\_\_\_ cup(s); \_\_\_\_\_ tablespoons; frequency \_\_\_\_\_

Treats/Supplements: \_\_\_\_\_ cup(s); \_\_\_\_\_ tablespoons; frequency \_\_\_\_\_

### **History**

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Please list briefly any previous health problems, including when they were noticed and when and how they were resolved:

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Adverse reactions to medications/difficulty medicating? \_\_\_\_\_

Previous veterinarian/veterinary clinic: \_\_\_\_\_

Date of last veterinary visit: \_\_\_\_\_ Reason for visit: \_\_\_\_\_

Date of last: distemper vaccine \_\_\_\_\_ rabies vaccine \_\_\_\_\_ fecal check \_\_\_\_\_