

Evergreen Avian & Exotic Animal Hospital

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Foster Ferret Registration

Pet Information

Foster (Your) Name: _____ Date: _____

Phone Number: _____ Email: _____

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

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

Diet Brand: _____ cup(s); _____ tablespoons; frequency _____

Treats/Supplements: _____ cup(s); _____ tablespoons; frequency _____

History

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

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 _____