



Ferret Information

Owner's Last Name _____ First _____

Patient's Name _____ Age/Birthday _____

Sex: Male Female Spayed/Neutered? Yes No Microchipped? Yes No

Color: _____ How long have you owned your pet? _____

Where did you get your ferret? pet shop breeder shelter other : _____

Is this pet caged with other ferrets? Yes No How many? _____

Has this ferret been vaccinated previously? Yes No

List all foods or treats you give your ferret:

List any major surgeries, illnesses or medication/vaccine reactions your pet has had:

List any behavior problems we need to be aware of:

Describe the type of cage and bedding:

Previous Medical Records? Yes No

If yes, which clinic? _____ May we contact them? Yes No

Does your pet have Pet Insurance? Yes No If yes, with whom? _____

Reason for Exam: Annual Physical Inappropriate/straining to urinate

Vomiting/Diarrhea Lethargy/Listlessness Loss of appetite

Coughing/Sneezing Change in weight Constipation

Scratching/Shaking head Hair loss

Other: _____

This form can be faxed to us at (509) 505-0251
or scanned and emailed to pinetreehospital@gmail.com
or brought in with you for your first appointment.

Professional Fees are to be paid at time of services.

For your convenience we accept cash, check (with a valid driver's license), visa, mastercard, discover, american express, and care credit. Returned checks are subject to a \$35.00 fee.

Signature _____ **Date** _____