Paws & Claws Veterinary Hospital

3819 Bradfordville Road * Tallahassee, FL * 32309 * (850) 906-0444

New Client Information:

ACCOUNT NUMBER: _____   **DATE: _____**

Mr. Ms. Mrs.	First Name:		Last Name:
Address:			**City:**
State:	**Zip Code:**	**Driver's License #: (Req'd for Check Payments)**	**Spouse/Co-Owner's Name:**
Home Phone Number:	**Cell Phone Number:**	**Work Phone Number:**	**Email:**

Name of Ferret:_____   Color variety:_____   Sex:_____   Age:_____

Background Information:
Length of time owned:_____   Where acquired? Breeder ☐ Pet Store ☐ Other_____
Vaccination History: Distemper_____   Rabies_____
                    Date of Vaccination   Date of Vaccination
On Heartworm preventative? Yes ☐   No ☐   Has ferret been tested for heartworms?_____
How often is ferret handled? Daily ☐ Occasionally ☐ Never ☐   Character of Feces_____

Husbandry:
Housed Indoors/Outdoors?_____   Is ferret allowed to roam free in the house? Yes ☐ No ☐
Where is cage located?_____ Size of Cage_____
Type of Caging:_____ Galvanized? Yes ☐   No ☐

Cage Substrate?_____ How often is caged cleaned?_____
Is there a Litter Pan present in cage?_____ What brand of litter is used in pan?_____
What type of disinfectant is used when cleaning cage?_____
Types of furniture within cage?_____
Types of toys_____
Nutrition:
Type of food offered:
–Cat Food? No ☐ Yes ☐   If yes, what brand?_____ Amount fed/frequency:_____

–Ferret Food? No ☐ Yes ☐   If yes, what type?_____ Amount fed/frequency:_____

--Supplement/Treats offered and frequency?_____

Water source?_____ How often is water changed?_____

Any other pets? No ☐ Yes ☐ If yes, specify_____ Do other pets interact with ferret? Y/N

Any other ferrets? No ☐ Yes ☐ Specify_____
Are ferrets housed together or singly?_____ If not housed together, do the ferrets interact?_____
Any new additions to the ferret population? No ☐ Yes ☐   If yes, specify_____

Past Medical History/Problems: