



Ferret Environment Form

Owner _____

Patient _____

Date of Birth _____

Telephone _____

Breed _____

Sex: M F Spay/Neuter

Before examining your pet, we would like some additional information regarding his or her housing and diet. These two factors are important to the health of your ferret, and vary greatly from house to house.

Today's date _____

Completed by _____

Housing

Size/type of cage _____

Location of cage in house (near heater/window, in what room?) _____

Tray under cage? Y N

Cage substrate (what's on the bottom?) _____

Frequency changed _____

Frequency cleaned _____

Litter pan provided? Y N

What's in the pan? _____

Frequency changed _____

Frequency cleaned _____

Cage furniture (hammocks, ladders, etc.) _____

Toys provided? _____

Is your ferret allowed out of the cage? Y N

Length of time/daily _____

Supervised? _____

Diet

Commercial Products:

1. Brand _____ Frequency fed _____ % of diet _____

2. Other _____ Frequency fed _____ % of diet _____

3. Supplements _____ Frequency fed _____