



Ferret Companion

Ferret Name _____

Owner Name _____

Age _____ Sex _____

How Acquired Humane Society Family/Friend Pet Store Other _____

How Long Owned? _____

Other Ferrets in Household? No Yes

If yes, gender/age _____

Housed Together? No Yes

Other Pets in Household? No Yes - Species _____

Diet/Feeding (Check appropriate boxes below)

Ferret Chow - Brand _____

Kitten Food Other _____

Water Crock Drinker Bottle Drinker

Housing (Check appropriate boxes below)

Bedding

Pine Wood Shavings Cedar Wood Shavings

Care Fresh Aspen Wood Shavings

Other _____

Cage

Wire Solid Floor

Plastic Wire Floor

Cage Size _____

Access to Entire House No Yes

Accessories in cage? No Yes

If yes, type _____

Litter trained No Yes

If yes, litter type

Shredded Paper Paper Pellets or Care Fresh

Cat Litter Other _____

Exercised outside of cage? No Yes

If yes, duration and frequency _____

Does your ferret have toys? No Yes

If yes, types _____