

Ferret Information Sheet

Owner Info:

Emergency Contact:

Name: _____

Name: _____

Address: _____

Address: _____

Primary Phone: _____ Text: Y or N

Primary Phone: _____

Text: Y or N

Secondary Phone: _____ Text: Y or N

Secondary Phone: _____

Text: Y or N

email reminders? Y or N

email reminders? Y or N

Driver's license _____ - _____ - _____ (if writing a check)

• General History

Name: _____

DOB: _____

Color: _____

Gender: _____

Please circle one: Intact / Fixed

Where was the pet obtained: Pet Store • Animal Shelter • Breeder • Rescue Group • Other

Pelleted Food (include brand name and amount fed daily) _____

Please list any "table foods" and treats fed and amount fed daily: _____

Do you give your pet vitamins or other supplements? Yes No

If yes, please

list: _____

How is water offered? Bowl Bottle Tap water Bottl ed Filtered

• Housing and Environment

Is your pet housed? Caged Free in house. How much out of cage time does the ferret have daily? _____

What kind of toys does your ferret like to play with?

Do you have other ferrets? ____ Yes _____ No If yes, are they housed in the same cage? Yes No

Have any ferrets been sick or have any died in the last 12 months? Y/N

List other pets in the home:

• Previous Medical History

Has your ferret had any previously diagnosed illness? Yes No

If yes, please describe

Has your ferret had any laboratory tests performed? Yes No

If, yes please circle: Blood work Fecal exam X-rays Other ____

Has your ferret ever had surgery? Yes No If yes, please describe _____

Date of last vaccines: • Distemper (_____) • Rabies (_____) • No vacc

Has your ferret ever had an adverse reaction to a vaccination? Yes No _

Whom may we thank for referring

you? _____

Payment Policies:

***** FULL PAYMENT IS EXPECTED AT TIME OF SERVICE*****

If there remains a balance that cannot be collected at time of service, I understand that it will be subject to the billing policies of the Animal Clinic of East Avenue. This includes balances subject to 10% interest every month and billing charges until a balance is > 3 months and then balance will be subject to a 15% interest charge. Account past due > 3 months will be sent to collections. Late fees will apply to accounts without monthly payments of > 10% of the balance. All fees associated with the collection process, including but not limited to: agency fees, attorney fees, and court costs will become the responsibility of the delinquent party. Any check returned unpaid will incur a \$25.00 fee. After 2 checks have been returned unpaid, payment must be in form of cash, money order or credit card. A charge may be assessed for appointments cancelled without at least 24 hours notice.

*****I acknowledge that I have read, understand and agree to the above listed payment policies. In addition, I agree that accepting service and/or merchandise offered by the Animal Clinic of East Ave.,***

***** I acknowledge and understand acceptance of use of any photographic images are the property of Animal Clinic of East Avenue for representation of company for internet, digital or local representation.***

SIGNATURE: _____ DATE: _____