

Lakeside Veterinary Center, LLC  
8693 Cherry Lane Laurel, MD 20707  
301-498-8387

Ferret History form

Owner last name:

Pet's name:

What prompted you to come today? (circle all that apply)

Annual visit

Vaccines

Other concerns

If you circled other concerns, can you describe briefly what those concerns are? \_\_\_\_\_

Has your pet recently experienced any of the following problems? (circle all that apply)

Bad breath

Bleeding from the mouth

Runny nose

Coughing

Sneezing

Runny eye

Red eye

Squinting

Trouble breathing

Hair loss

Lethargy

Reluctance to move, jump or walk

Inability to walk

Lumps or bumps (where?

)

Pain of any kind

Limping

Scratching

Rash

Fleas

Odor from ears

Shaking head

Scratching at ears

Holding head at a tilt

Not eating well

Vomiting

Diarrhea

Drinking more than usual

Urinating more

Urinary accidents in house

Straining to urinate or have BM Swollen genitals

Weight loss

Weight gain

Scotting rear end along ground

Wounds

Major trauma

Emergency room visits (what for?

)

Other signs not listed here: please specify \_\_\_\_\_

What medications, if any, is your pet currently taking?

Heartworm preventive

Flea/Tick medicine

Other (please list with doses if possible): \_\_\_\_\_

Is there anything else you want the doctor to know or want to talk with the doctor about?