

HUMANE SOCIETY OF BOULDER VALLEY FERRET BEHAVIOR PROFILE

Name: _____ Breed: _____ Age: _____

Sex: ☐ Intact Male ☐ Intact Female ☐ Neutered Male ☐ Spayed Female

Descended: ☐ Yes ☐ No ☐ Unsure

ABOUT YOUR FERRET'S HISTORY

How old was your ferret when you obtained him/her? _____

From where did you obtain your ferret?

☐ Previous Guardian ☐ HSBV ☐ Rescue Group ☐ Other Shelter: _____

☐ Found Stray ☐ Breeder ☐ Bred At Home ☐ Pet Store: _____

ABOUT YOUR FERRET'S HEALTH

Has your ferret been to a veterinarian in the past year? ☐ Yes ☐ No ☐ Unsure

Is he/she current on his vaccinations? ☐ Yes ☐ No ☐ Unsure

Date of Last Rabies Vaccine: _____ Date of Last Distemper Vaccine: _____

What is the name of your veterinarian? _____

Does your ferret have any medical problems? (Check all that apply.)

☐ Abscess or Cuts ☐ Arthritis ☐ Allergies: _____

☐ Conjunctivitis ☐ Diabetes ☐ Epilepsy or Seizures ☐ Giardia or Diarrhea

☐ Heart Murmur ☐ Thyroid ☐ Organ Failure ☐ Upper Respiratory Infection

☐ Tumors ☐ Other: _____

Please explain: _____

What medications is your ferret currently taking? _____

ABOUT YOUR FERRET'S HABITS AND BEHAVIORS

Where did your ferret spend most of his time?

☐ Indoors Only ☐ Outside Only ☐ Indoor/Outdoor ☐ In Garage or Basement

☐ Caged ☐ Free Roaming ☐ Other: _____

Litter Box Habits: ☐ Uses Litter Box ☐ Has Occasional Accidents ☐ Has Frequent Accidents

What kind of litter does your ferret prefer? _____

What brand of food has your ferret been eating? _____

How much does he/she eat? _____

When does he/she eat? ☐ 1x/Day ☐ 2x/Day ☐ Food Left Out Always ☐ Other: _____

Has your ferret ever had experience with children? (Check all that apply.)

- ☐ Lived with children. Ages: _____
- ☐ Regularly visited by children. Ages: _____
- ☐ Infrequent contact with children. Ages: _____
- ☐ No experience with children.
- ☐ Negative experience with children. Explain: _____

Would you recommend your ferret be placed in a home with children? (Check all that apply.)

- ☐ Yes, with children of any age ☐ Only with children older than ☐ No

Has your ferret ever lived with other animals?

- ☐ No ☐ Cats ☐ Dogs ☐ Rodents ☐ Other Ferrets ☐ Other: _____

Would you recommend placing him or her in a home with other animals? (Check all that apply.)

- ☐ No ☐ Cats ☐ Dogs ☐ Other Ferrets ☐ Any Other Animal ☐ Other: _____

Does your ferret have any fears? (Check all that apply.)

- ☐ Loud Noises ☐ Vacuums ☐ Thunder ☐ Strangers ☐ Other: _____

What does he/she do when scared? _____

Has your ferret ever bitten someone and broke the skin? ☐ Yes ☐ No ☐ Unknown

If yes, when did the last bite occur? _____

Does your ferret have any behaviors a new adopter may want to address?

- ☐ Nipping ☐ Scratching People ☐ Scratching Rugs or Furniture ☐ Litter Box Issues
- ☐ Other: _____

What are your ferret's favorite toys and activities? _____

Please use this space for any additional information you would like to share about your ferret:

