

WASHINGTON FERRET RESCUE & SHELTER
SHELTER INTAKE RECORD

adopted by: _____
date: _____

Ferret Name: _____ **Sex (M/F):** _____ **Date of Arrival:** _____

Age: _____ **Ear Tattoo:** No Yes (description): _____

Color: *lt. sable dk. sable silver champagne chocolate albino DEW black (solid)*

Markings: *mitts bib hood panda blaze roan* **Nose:** *speckled black* **T on nose**

Intact (Y/N): _____ **Scent Glands (Y/N):** _____ **Other:** _____

Surrendered by:

- Owner Animal Control
 Humane Society
 Other _____

Shelter Volunteer: _____

Condition on Arrival:

- Excellent Fair
 Good Poor

Weight on Arrival _____ kgs/lbs

Type of food ferret is eating if known: _____

Intake Care (check upon completion):

- Nails Clipped
 Ears Cleaned
 Ivermectin Injection 0.2cc
 Tresaderm in Ears
 Fervac Distemper _____ (date) *0.5cc Children's Benedryl 20 mins prior*
 Imrab-3 Rabies _____ (date) *0.5cc Children's Benedryl 20 mins prior*
 Advantage or Frontline Flea Control - 2 drops between shoulder blades
 Fecal Float Result _____ Date _____
 Teeth (note condition) _____

Physical Inspection:

- No Apparent Physical Problems
 Hair Loss _____
 Swollen Vulva _____
 Scars/Marks/Scabs _____
 Other _____

Temperament:

- Biter / Aggressive
 Single Ferret Only
 Lap Ferret
 Good Temperament

Request for Vet Visit (Y/N): _____ Date Vet Visit Scheduled: _____

Adoptable (Y/N): _____ **Foster (Y/N):** _____

Write any other comments on back

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adopted by:
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Items surrendered with ferret:

Item: _____

Description: _____

Item: _____

Description: _____

Item: _____

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Comments: _____
