



CatSpa (FerretSpa)
170 E. Madison Street
E. Islip, NY 11730
Phone: 631-277-3675
Fax: 631-581-5037
www.catspa.net
E-Mail: catspa@optonline.net

Name:(owner) _____
Address: _____
Telephone Home: _____ Cell Phone: _____
Emergency Telephone number: _____
Name other authorized individual to pick up your ferret: _____
E-Mail: _____

Ferrets Name: _____ Color: _____
Age: _____

Sex: Male/Female

Descended: Yes/No

Neutered/Spayed: Yes/No

Do you use flea / tick prevention? Yes/No

If yes, how often and when was the last date? _____

If no, for your ferrets safety we require the use of a flea prevention i.e. BioSpot, please consult with your vet.

Medical Record: (Please bring copies. This is for your ferrets safety)

Health Certificate

Rabies Vaccination

Distemper

Is your ferret on medication: Yes/No If yes, please tell us:

Drug Name: _____

Dosage: _____

Ailment: _____

Ferret's favorite food:

Dry Food: _____

Snack food: _____

Water: Will always be given

Feeding schedule: Number of times per day: _____

Amount of food: _____

If your ferret is on prescription food, please bring an ample supply to last for the duration of the stay.

Litter (please circle one): Yesterdays News Worlds Best/Clumping Pine Pearl

Likes to be bathed: Yes/No

Needs to be bathed: Yes/No

If yes, please bring shampoo

Do you want us to cut his/her claws (with his/her consent): Yes/No

Do you want your ferret to come out of his/her condo at least once a day: Yes/No

Veterinarian:

Name: _____

Address: _____

Telephone: _____

Please use below for any other pertinent information. We'll promise to do anything for your ferret have him/her happily clucking.

Referred by: _____

Today's date: _____

Suite: _____

Ferrets favorite pastime, and anything else you would like to tell us to make your ferret's stay the next best thing to being at home.