



Metropolitan NY/NJ Ferret Welfare Society, Inc.

33 Arrowhead Drive, Neshanic Station, NJ 08853 <http://www.metroferret.com/>

Date of Surrender: _____

Ferret's Name: _____

DOB/Age: _____ Sex: _____

Color: _____

Spay/Neuter: Yes/No Descended: Yes/No

Surrender/Rescue Details:

Physical Record:

Wt.: _____ Age: _____

DESCRIPTION: _____

EXAM: _____

ADV TEST: (CIRCLE TYPE AND RESULT)

TEST TYPE: QUICKCHEK OR ELISA

Test Results: Positive or Negative

Additional information on reverse.

VACCINATION RECORD

CANINE DISTEMPER:

Date of Vaccination: _____

Lot & Number: _____

Vaccination Type: _____

Distemper Vaccination Label:

RABIES VACCINE:

Date of Vaccination: _____

Lot & Number: _____

Brand: _____

Veterinarian: _____

(Suggestion: Do not administer both Distemper and Rabies Vaccines at the same time.
Allow 1 week between vaccinations.)

Other:

