



The American Ferret Association, Inc.

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Mongo Memorial Distemper Titer Study History Data Sheet

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The following information is requested for each ferret whose titer is submitted for the study. Please provide as much as possible. Identifying information (owner and ferret names) is only for the purpose of distinguishing individual animals and will not be used for any other purpose.

Owner Name: _____

Ferret Name: _____

Date of sample collection: _____

Date of birth (approximate if necessary): _____

Gender: Male Female Reproductive Status: Intact Late Alter Early Alter (prior to 12 wks)

Origin: Pet Store Private Breeder Shelter/Rescue

Color: _____

Date of most recent distemper vaccination: _____

Type of vaccine used/serial number if available: _____

Pretreatment Used prior to vaccination: None Benadryl Steroids Other: _____

Vaccine reaction: No Yes - symptoms seen: _____

Complete prior vaccination history as far as known (dates, types and serial numbers of all vaccines used):

Other animals in household: None Other ferrets Dogs Other: _____

Lifestyle: House/vet only Shows Clubs/meetings Pet store visits Parks Other: _____

Current illnesses: None Adrenal Disease Insulinoma Other: _____

Current medications: None Pred Other: _____