

Dr. James W. Furman



Dr. Thomas J. Furman

Date: _____

PATIENT AND CLIENT INFORMATION SHEET

Thank you for giving The Animal Center the opportunity to be part of your pet's health care team. So that we may become more acquainted, please complete the following:

Owner: _____ Spouse: _____
Last First M.I. Last First M.I.

Address: _____
City State Zip Code

Home Phone: _____ Cell Phone: _____ Spouse cell: _____

E-mail Address: _____

Place of Employment: _____

Work Address: _____
City State Zip Code

Work Phone: _____ If Necessary, may we call you at work: Yes No

How did you become aware of our services? _____

So that we may suit your individual needs, which do you feel most applies to you?

PLEASE CHECK ONE:

1. I feel that my pet is another member of our family.
 I feel that my pet is just a pet.
2. I want the best medical care available for my pet; please recommend anything that you feel is necessary for good health.
 I want good medical care for my pet, but there is a limit to what I am able to have done.
 I want you to perform only the services that I request.
3. I want to learn as much as I can about pet health care, please explain in detail what has been done for my pet or what is needed.
 I would prefer you just summarize what has been done for my pet or what is needed.
 I want my pet healthy, but don't need to know what has been done.
4. I prefer to be present when my pet is examined and treated.
 I would rather not see my pet examined and treated.

Would you like us to keep you informed about procedures to lengthen your pet's life? Yes No

(OVER)

How old was your pet when you acquired it? _____

What is the best time to reach you at home? _____

What prior illness or surgery should we know about? _____

All fees are due upon release of patient. Please indicate your choice of payment.

_____ Credit Card

_____ Cash

_____ Check *(Drivers License Required)*

PET INFORMATION

(Please fill in the following for each pet)

| | Pet 1 | Pet 2 | Pet 3 |
|-------------------------------|-------|-------|-------|
| Name | | | |
| Species | | | |
| Breed | | | |
| Description | | | |
| Date of Birth | | | |
| Sex | | | |
| Altered status | | | |
| | | | |
| Dates Vaccinated | | | |
| DHLP (Dog) | | | |
| Parvovirus (Dog) | | | |
| FVRCP (Cat) | | | |
| FeLV (Cat) | | | |
| FeLV test (Cat) | | | |
| Rabies (Both) | | | |
| Fecal Test (Worms) | | | |
| Heartworm Test | | | |
| Heartworm Preventative | | | |
| Dental Cleaning and Polishing | | | |
| Diet? | | | |
| Supplements? | | | |
| Other? | | | |
| Other? | | | |

Are any of the following a concern to you in your pet's behavior? Please check.

_____ Excessive Barking

_____ Straying from home

_____ Biting

_____ Shedding

_____ Problem with Children

_____ Excessive Itching

_____ Smell

_____ Wetting/Spraying indoors

Is your pet currently on a special diet or medication? _____

What health care or grooming products are you currently using? _____

List any known drug allergies or other allergies: _____

Thank you for giving us the opportunity to serve you!!!

Client Signature: _____