Dr. James W. Furman



Dr. Thomas J. Furman

<b>D</b> - 1 -		
Date:		
Daie.		

## LARGE ANIMAL 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:

Manager/Owner:		Spouse:				
Last	Firs		Last	First	M.I.	
Address:						
			City	State	Zip Code	
Home Phone:	Cell P	Phone:	Spouse cell:			
E-mail Address:	-		_			
Place of Employme	<b>nt</b> (if different than fa	arm/ranch):				
Work Address:						
			City		Zip Code	
Work Phone:	If N	lecessary, may	we call you at work:	Yes	No	
How did you becor	ne aware of our se	ervices?				
•						
-	<u>-</u>		icate your choice of p	•		
Credit Card	Casn	Спеск	Name of Banl	<		
So that we may sui	t your individual n	eeds, which d	o you feel most appli	es to you?		
PLEASE CHECK ONE	·		•	-		
	on has a herd healt					
<b>-</b>	on could utilize a he					
,	on could utilize a ne					
	sted in age and sou nterested in age and					
	nterested in age and	a source verince				
<b></b>	• • •	itable and there	e is little room for impro			
I feel that r	ny operation is prof	itable and there				
I feel that r production	ny operation is prof and profitability.	itable and there itable, but I am	e is little room for impro	s to improve		
I feel that r productior My operati	ny operation is prof and profitability. on is not profitable	itable and there itable, but I am and I am seekin	e is little room for impro always looking for way	s to improve		
I feel that r production My operati	ny operation is prof and profitability. on is not profitable	itable and there itable, but I am and I am seekin re management	e is little room for impro always looking for way ng ways to change the	s to improve		

(OVER)

How long has your operation been in business?							
What are the areas of t	he operation that you	u are proud of?					
What are the areas of t	he operation that you	ı would like to imp	prove?				
Do you use the following	ng vaccines, and whe	n do you use them	1?				
Calves:							
Type of Product	Product Name	Date Given	Date Given	Date Given			
Modified Live Viral							
Pasteurella							
7 Way Clostridial							
Histophilus somni							
Other							
Heifers:							
Type of Product	Product Name	Date Given	Date Given	Date Given			
Modified Live Viral							
Vibrio							
Lepto							
7 Way Clostridial							
Scour Protection							
C& D Clostridial							
Other							
Cows:	•						
Type of Product	Product Name	Date Given	Date Given	Date Given			
Modified Live Viral	110ddet Heilie	Date Given	Date Given	Date diver			
Vibrio							
Lepto							
7 Way Clostridial							
Scour Protection							
C& D Clostridial							
Other							
Do you pregnancy ch	leck your cows and	heifers, and why	?				
Do you implant your	calves, what produc	ct do you use, an	d why?				
Do you castrate at bra	anding with a band	or knife, and wh	ny?				
	Thank you for giving	us the opportunity	to serve you!!!				
Client Signature:		- · ·	-				
Cheffe signature.							