Dr. James W. Furman

The
ANIMAL
— CENTER —

Exceptional. Animal. Health.

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/Other: _____
            Last   First   Last   First

Address: _____
                                                                            City   State   Zip Code

Home Phone: _____   Cell Phone: _____   Other 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: _____