



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 horse'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 hospital 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 horse is another member of our family.
- (2) I feel that my horse is a work animal.

PLEASE CHECK ONE:

- (1) I want the best medical care available for my horse; please recommend anything that you feel is necessary for good health.
- (2) I want good medical care for my horse, but there is a limit to what I am able to have done.
- (3) I want you to perform only the services that I request.

PLEASE CHECK ONE:

- (1) I want to learn as much as I can about equine health care, please explain in detail what has been done for my horse or what is needed.
- (2) I would prefer you just summarize what has been done for my horse or what is needed.
- (3) I want my horse healthy, but don't need to know what has been done.

PLEASE CHECK ONE:

- (1) I prefer to be present when my horse is examined and treated.
- (2) I would rather not see my horse examined and treated.

Would you like us to keep you informed about procedures to lengthen your horse's life? yes no

How old was your horse 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)

HORSE INFORMATION
(Please fill in the following for each horse)

	Horse 1	Horse 2	Horse 3
Name			
Breed			
Description			
Date of Birth			
Sex			
Altered status			
Other?			

Dates Vaccinated	Horse 1	Horse 2	Horse 3
Rhinopneumonitis			
Influenza			
West Nile			
Eastern, Western Encephalitis			
Strangles/Distemper			
Rabies			
Vitamin Injection			
Fecal Test (Worms)			
Dental Exam / Float			
Diet?			
Supplements?			
Other?			
Other?			
Other?			

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

Limping Biting Kicking Founder
 Colic Excessive Itching Dribbling grain/food Diarrhea

Is your horse 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!!!

Owner Signature: _____