



Fur and Feathers Veterinary Care
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MyVetStoreOnline.pharmacy

Patient History Form

Owner Name: _____ Pet Name: _____

Cell#: _____ Vehicle or Parking Spot Number upon arrival: _____

This cell number must be available for the duration of your appointment and, note, doctor may be calling from blocked number (change your setting if needed). DO NOT LEAVE our parking lot for the duration of your appointment. If your appointment is completed and we have to wait for you to come back to the clinic to pick up your pet, you will be charged an inpatient accommodations fee.

You are required to wear a face mask (covering nose and mouth) at all times in our parking lot.

NO MASK – NO SERVICE

Screening Questions: Have you or anyone in your household:

- been tested positive for COVID-19? Y or N
- been placed under quarantine? Y or N
- had symptoms in the past 3 days (72 hours): fever, cough, shortness of breath? Y or N

For Your Pet:

Has there been any coughing or sneezing? Y or N

Details if yes: _____

Has there been any vomiting or diarrhea? Y or N

Details if yes (how long has it been occurring? When does it happen? What does it look like?):

Has your pet been eating and drinking as normal? Y or N

Details - amounts (less/more) and attitude (no interest, low interest, only certain foods)

What is your pet's normal diet? (brand and variety, amounts, frequency of feeding)

Is your pet on any medications, supplements, preventatives (flea/tick/heartworm, etc.): Y or N

Please specify any given: _____

What are the problems/concerns to address today? _____

Cats – Indoor only _____ Indoor/outdoor _____ mostly outdoors _____

*For exotics (ferrets, chinchillas, rodents, rabbits, hedgehogs, sugar gliders, etc.), what type of bedding is used and what type of litter?
