



## Fur and Feathers Veterinary Care

Diane C. Wittner, DVM and Leslie A. Personett, DVM CVA

1445 Upper Front Street, Binghamton, NY, 13901 Tele 607-238-1246 Fax 607-217-7359

[furandfeathersvetcare@gmail.com](mailto:furandfeathersvetcare@gmail.com) [www.furandfeathersvetcare.com](http://www.furandfeathersvetcare.com)

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, the doctor may be calling from a blocked number (change your settings 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 accommodation fee.**

*We reserve the right to request/require all clients to wear a face mask (covering nose and mouth) at all times.*

Screening Questions: Have you or anyone in your household:

- been tested positive for COVID-19?                      Yes      No
- been placed under quarantine?                      Yes      No
- had symptoms in the past 3 days (72 hours): fever, cough, shortness of breath?                      Yes      No

For Your Pet:

Has there been any coughing or sneezing?                      Yes      No

Has there been any vomiting or diarrhea?                      Yes      No

Has your pet been eating and drinking as normal?                      Yes      No

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)



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Is your pet on any medications, supplements, preventatives (flea/tick/heartworm, etc)

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?

*By filling this form and submitting, I hereby attest that all information provided in this document is true and accurate to the best of my knowledge. I also acknowledge and agree to abide by all terms and conditions of Fur and Feathers Veterinary Care.*