



### Client & Patient Information

Date: \_\_\_\_\_

Owners Name: \_\_\_\_\_ Partner/Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Please specify if the phone number is a cell/home/work/etc.

Email: \_\_\_\_\_

With our unique Pet Portal located on our website, you can view your pet's health records, request appointments or medications, and view your pet's vaccine history. You will also receive email reminders of your pets upcoming due dates and scheduled appointments.

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

In the event that we are unable to reach you, the primary owner, the above person is authorized to make medical decisions for your pet on your behalf.

How did you hear about Arguello Pet Hospital: \_\_\_\_\_

In in the event that another hospital or your pet's insurance company requests your pet's medical records from Arguello Pet Hospital, do you authorize for us to transfer all records?

Yes     No

All pets boarding with Arguello Pet Hospital must have a current physical exam with one of our doctors. We do not have an attendant on premises 24 hours a day. To help prevent the spread of infectious diseases all boarded pets must be fully vaccinated. The following vaccines are required for boarding.

Feline: FVRCP                  Canine: Rabies, DA2PP, Bordetella, Influenza

	<b>Pet #1</b>	<b>Pet #2</b>	<b>Pet #3</b>
<b>Name</b>			
<b>Species(canine/feline)</b>			
<b>Breed</b>			
<b>Color/Description</b>			
<b>Age/Date of Birth</b>			
<b>Sex</b>			
<b>Spayed or Neutered</b>			
<b>Diet/Name of Food</b>			

Please have any other veterinary hospitals your pet has visited email all previous medical history to [info@arguellopet.com](mailto:info@arguellopet.com).

Please list any other medications, allergies, or information you feel is pertinent to your pet’s health below.

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I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize Arguello Pet Hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed on this form. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated.

Signature: \_\_\_\_\_