

Arguello Pet Hospital-Pet Drop Off Information Sheet

Name	Date	Pets Name	Pets Age
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Daytime Phone#	Evening Phone#
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Address	City	Zip
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Email Address	
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May we use your pet's photo on our Facebook/social media campaign? Yes No

Who is your doctor today? Hathaidharm J. Ina Reeves Bettada Wolfe Nishimura

Why is your pet here today?	
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How long has this problem existed? Hrs Days Weeks Months Life

Has your pet had any of the following:

Coughing	<input type="checkbox"/> Yes <input type="checkbox"/> No	How often	
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Diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No	How long	Is it Bloody	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is it Mucous-like	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Vomiting	<input type="checkbox"/> Yes <input type="checkbox"/> No	How long	Time of Day	Frequency	
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Sneezing	<input type="checkbox"/> Yes <input type="checkbox"/> No	How often	
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Is Your Pet Acting Normal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If not, please explain	
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Has your pet eaten this morning?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Time of last meal	
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Has your pet taken any medications today?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what medication and time it was given:	
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Any other problems? Please explain and note duration	
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Would you like the doctor to call with an ESTIMATE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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****OWNER'S COMMENTS FOR DOCTOR:**

Please answer the following questions by marking Yes or No

Do you consent to: Sedation: Yes No Blood Tests: Yes No X-Rays: Yes No

Vaccination approval: DA2PP Rabies Leptospirosis Bordetella Oral SQ Influenza
 Rattlesnake Lyme HWT Fecal test

FVRCP FeLV Rabies feline

While your pet is here today, would you like to have a micro-chip installed. This tiny chip is placed under the skin between the shoulder blades. Should your pet ever be lost, a quick scan over your pet's back will reveal a unique # and traced back to you. Micro-chip? Yes No

I am the owner, responsible/authorized agent of this port. I authorize the veterinarians and staff of Arguello Pet Hospital to perform all procedures set forth above. I understand all the risks involved, and that an attendant is not on the premises 24 hours per day. I agree to pay in full for all services performed.

Client Signature: _____ Date: _____