

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

May we use your pet's photo on our Facebook/social media campaign? Yes No

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

Why is your pet here today?

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: _____