

## 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  Bonetto  Wolfe  Nishimura

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

Has your pet had any of the following:

<b>Coughing</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	How often	
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<b>Diarrhea</b>	<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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<b>Vomiting</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	How long		Time of Day		Frequency	
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<b>Sneezing</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	How often	
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<b>Is Your Pet Acting Normal?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If not, please explain	
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<b>Has your pet eaten this morning?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Time of last meal	
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<b>Has your pet taken any medications today?</b>	<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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<b>Would you like the doctor to call with an ESTIMATE?</b>	<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 our pets 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: \_\_\_\_\_