Arguello Pet Hospital-Pet Drop Off Information Sheet

Name		Date		Pets Name		Pets Age	

Daytime Phone#		Evening Phone#	

Address		City		Zip	

Email Address	

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

Who is your doctor today? ☐ Battle ☐ Yeo ☐ Ina ☐ Reeves ☐ Wolfe ☐ Lee

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	☐ Yes ☐ No	How often	

Diarrhea	☐ Yes ☐ No	How long		Is it Bloody	☐ Yes ☐ No	Is it Mucous-like	☐ Yes ☐ No

Vomiting	☐ Yes ☐ No	How long		Time of Day		Frequency	

Sneezing	☐ Yes ☐ No	How often	

Is Your Pet Acting Normal?	☐ Yes ☐ No	If not, please explain	

Has your pet eaten this morning?	☐ Yes ☐ No	Time of last meal	

Has your pet taken any medications today?	☐ Yes ☐ No	If so, what medication and time it was given:	

Any other problems? Please explain and note duration	

Would you like the doctor to call with an ESTIMATE?	☐ YES ☐ NO

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. I understand Arguello Pet Hospital is not responsible for any items that are left with my pet.

Client Signature: _____   Date: _____