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 the Arguello Pet Hospital app, you can request appointments or medications. 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 a third party (I.E Another hospital, your pet's insurance company, your pet's trainer or caregiver, boarding facilities) requests your pet's medical records from Arguello Pet Hospital, do you authorize for us to transfer all records? (Check all that apply)

☐ Hospitals   ☐ Insurance Companies   ☐ Boarding Facilities

☐ Trainers or Caretakers   ☐ Contact me First

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

Please have any other veterinary hospitals your pet has visited email all previous medical history to info@arguellopet.com.

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

_____

_____

_____

_____

_____

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: _____