



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 Pet Desk app, you can view your pet's health records, request appointments or medications, and view your pet's vaccine history. 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: _____