

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 campaign? Yes/No

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

Why is your pet here today? _____

How long has this problem existed ___Hrs ___Days ___Weeks ___Months ___Life

Has your pet any of the following:

Coughing Yes No How often _____ **Sneezing** 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 _____

Is Your Pet Acting Normal? if not, please explain _____

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

Any other problems? Please explain and note duration _____

**RECEPTIONISTS COMMENTS FOR DOCTOR:

***** Please answer the following questions by circling Yes or No *****

Do you consent to: Sedation Yes No Blood Tests Yes No

X-Ray Yes No None of the above None

Vaccination approval: DA2PP Rabies Leptospirosis Bordetella Oral Injection

Rattlesnake Lyme Influenza HWT Fecal test

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 pet. 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.

Signature _____

Updated 1/2017