



Date: \_\_\_\_\_

**Client / Patient Information**

Owners Name: \_\_\_\_\_ Partner/Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check best to reach you.

Home Phone:  Cell:  Work:

Email: \_\_\_\_\_

With our unique Pet Portal, on our website, you can view/manage you pets health records. You can also make appointments, request medications and view/print vaccine history.

Employers Name & Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver License #: \_\_\_\_\_

These numbers are required if you pay by check. Please ask your doctor or receptionist for an estimate and we will gladly prepare one for you. Payment is due at the time of services rendered.

In case of EMERGENCY call \_\_\_\_\_ at Phone #: \_\_\_\_\_

*How did you hear about Arguello Pet Hospital?*

- Individual. Someone we can thank?: \_\_\_\_\_
- Yellow Pages, or another phone directory: \_\_\_\_\_
- Online. Which site?: \_\_\_\_\_
- Hospital Sign-Live in the neighborhood: \_\_\_\_\_
- Other. Please state: \_\_\_\_\_

Would you like to bo on our mailing list? You will receive timely reminders when your pet's vacci-  
nations, examinations, etc. are due?  Yes  No

*To help prevent the spread of infectious diseases ALL hospitalized and boarded  
animals must be current on all vaccinations.*

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 preform surgery upon the pet(s) listed on the reverse side. 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. I understand that an attendant is not on the premises 24 hours a day.

Signature: \_\_\_\_\_

Please complete information for all of your pets. Thank You!

	Pet #1	Pet #2	Pet #3
Pet's Name			
Species			
Breed			
Description (Color)			
Age/Date of Birth			
Sex			
Spayed or Neutered			
Diet (Name of Pet Food)			
Vitamins or Treats (Given Regularly)			
Shampoo or Flea Products Used			
Hours Spent Outside Each Day			

**VACCINATIONS**

Please record the dates vaccinations/tests were given

	Pet #1	Pet #2	Pet #3
DA2LPP (Distemper/Parvo - Dogs)			
Bordetella (Kennel Cough - Dogs)			
Lymes (Dogs)			
Corona (Dogs)			
Rabies (Dogs / Cats)			
Fvrpcp (Infectious Diseases - Cats)			
Felv (Feline Leukemia - Cats)			
Other Vaccines - Please List			
FELV or FIV Test			
Heartworm Test (Dogs)			
Fecal Test (Stool Exam for Worms, etc.)			

Name of Heartworm Prevention Meds Used:

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Name of Flea Control Meds Used:

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Dentistry (and Dates Completed):

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Medical History - Prior Illness / Surgery:

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