

## Arguello Pet Hospital-Pet Drop Off Information Sheet

<b>Name</b>		<b>Date</b>		<b>Pets Name</b>		<b>Pets Age</b>	
-------------	--	-------------	--	------------------	--	-----------------	--

<b>Daytime Phone#</b>		<b>Evening Phone#</b>	
-----------------------	--	-----------------------	--

<b>Address</b>		<b>City</b>		<b>Zip</b>	
----------------	--	-------------	--	------------	--

<b>Email Address</b>	
----------------------	--

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

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

<b>Why is your pet here today?</b>	
------------------------------------	--

How long has this problem existed? ☐ Hrs ☐ Days ☐ Weeks ☐ Months ☐ Life

Has your pet had any of the following:

<b>Coughing</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	How often	
-----------------	--	-----------	--

<b>Diarrhea</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	How long		Is it Bloody	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is it Mucous-like	<input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--	----------	--	--------------	--	-------------------	--

<b>Vomiting</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	How long		Time of Day		Frequency	
-----------------	--	----------	--	-------------	--	-----------	--

<b>Sneezing</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	How often	
-----------------	--	-----------	--

<b>Is Your Pet Acting Normal?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If not, please explain	
-----------------------------------	--	------------------------	--

<b>Has your pet eaten this morning?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Time of last meal</b>	
---	--	--------------------------	--

<b>Has your pet taken any medications today?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If so, what medication and time it was given:</b>	
--	--	--	--

Any other problems? Please explain and note duration	
--	--

<b>Would you like the doctor to call with an ESTIMATE?</b>	<input type="checkbox"/> YES <input type="checkbox"/> 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.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_