

ARBOR ANIMAL HOSPITAL
PATIENT INFORMATION SHEET

Veterinary service is provided after business hours when deemed necessary in the judgment of the veterinarian in charge. The continuous presence of qualified personnel may not be provided during these hours.

TODAY'S DATE _____

OWNER'S NAME _____ PET'S NAME _____

TELEPHONE NUMBER(S) _____

The **best** time to call me today is: _____

(We need your number in case we have questions about your pet.)

I know that pets admitted to **ARBOR ANIMAL HOSPITAL** must be current on vaccinations **and** free of fleas! I understand that pets arriving with fleas will be charged for a bath, and pets needing vaccinations will be charged for them.

My pet's vaccinations: ARE CURRENT _____ NEED A BOOSTER _____

The last time my pet ate was: Last Night _____ This Morning _____

My pets are on medication: _____

What time LAST medication was given: Last Night _____ This Morning _____

MY PET IS SCHEDULED WITH THE DOCTOR FOR:

Surgery _____ Dentistry _____ X-rays _____ Lab Work _____

Ultrasound _____ Laser Procedure _____ Bath _____ Microchip _____

IN ADDITION, I also request that the Doctor examine my pet's:

Skin _____ Ears _____ Eyes _____ Stool _____ Lameness _____

Other Problem _____

I want the Doctor to examine and treat this problem as needed. _____

I want the Dr. to examine this problem, but talk to me before any treatment. _____

I DO authorize sedation for my pet, if necessary. _____

I DO NOT authorize sedation for my pet. _____

If my pet needs treatment for OTHER than what I requested above:

DON'T WAIT! Please provide treatment as necessary. _____

WAIT! Call me before any treatment! _____

OWNER SIGNATURE _____ Date _____