

Irving Pet Hospital of San Francisco

1434 Irving St
San Francisco, CA 94122-2016
Phone: (415) 664-0191

Date: 05/31/2017

Client: Lourdes Llanes
Address: 1434 Irving St
San Francisco, CA 94122
Home Telephone: (415) 948-6991
Work Telephone: (415) 664-3042 ext:
Cellular: (415) 948-6991
Pager:

Patient: kimchi
Species: Canine
Breed: Yorkie/Maltese
Sex: MN
D.O.B.: 11/15/2017
Age: Future Birthdate - Wed Nov 15, 2017

Today's Contact Number(s)	Time(s) Available at this Number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

DROP OFF EXAMINATION FORM

Reason for visit:

Has your pet experienced any of the following:

Vomiting?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	How often?	<input type="text"/>	Since	<input type="text"/>
Diarrhea?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	How often?	<input type="text"/>	Since	<input type="text"/>
Coughing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	How often?	<input type="text"/>	Since	<input type="text"/>
Sneezing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	How often?	<input type="text"/>	Since	<input type="text"/>
Poor Appetite?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Since	<input type="text"/>		
Decreased Activity?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Since	<input type="text"/>		

When was your pet's last meal?

Please list any medications/supplements your pet is currently taking and when they were last given:

Please list any personal items that you are leaving with your pet:

AUTHORIZATION AND CONSENT

I, the undersigned owner/authorized agent of the above listed patient, hereby authorized Irving Pet Hospital of San Francisco and its staff to administer veterinary care to my animal. I understand that an estimate of the fees for veterinary services will be provided to me prior to service and that I am encouraged to discuss all fees related to such care before services are rendered. I agree to assume financial responsibility for the care provided here. All patients are discharged at the end of each business day; I realize that I am responsible for arranging pick up of my pet prior to the end of the business day. If emergency treatment is required and I cannot be reached, I authorize that life preserving action be taken for my pet until I can be contacted. I agree to assume full and complete financial responsibility for the balance of ALL services rendered (we accept cash, check, Visa, MC, Amex ,and Discover) at the time my pet is discharged.

Signature of owner/authorized agent

05/31/2017

Date