Patient Information Form

PLEASE COMPLETE ALL QUESTIONS

Owner/Guardian/Agent Name:_____

Animal's Name:_____ Species: ☐ Cat ☐ Dog Gender: ☐ Male ☐ Female

Animal's Breed:_____ Color: _____ Age: _____

Telephone numbers for today: _____	Alternate Phone # for today: _____
How long have you had this animal?_____ Where did you get him/her?_____	
IS YOUR PET MICROCHIPPED? _____ IF NOT, MICROCHIP HIM/HER TODAY? YES NO	
WOULD YOU LIKE AN E-COLLAR TO GO HOME WITH YOUR PET TODAY? YES NO	
Name & phone number of person authorized to make treatment decisions: _____	

Pre-surgical question	Yes	No	Don't know	
Has your animal eaten since midnight last night?				If yes, time:
Within the last 2 weeks, has your pet had: coughing, sneezing, vomiting or diarrhea?				If yes, details:
Is pet on medication?				If yes, what medication?_____ for how long?_____ How much?_____
Have there been any changes in eating, drinking or behavior?				If yes, explain:
Has your pet ever had a seizure?				If yes, explain, and list medication:
Has your pet had surgery before?				If yes, explain:
Have there been any reactions to vaccinations, drugs or medications?				If yes, explain:
Does this animal have any health problems?				If yes, explain:
Has he/she had a serious injury (hit by car/ attacked by another animal)?				If yes, describe:
In the past ten days, has your animal been treated for fleas, ticks or mange?				If yes, what product and route of application?

If animal is female:

Has she been in heat yet?				If yes, when: _____
Is she pregnant?				
If she has had a litter, has it been at least 2 weeks since the babies nursed?				

Signature_____ Date_____

IF ANIMAL IS A DOG WOULD YOU LIKE TAKE HOME PAIN MEDS?
CIRCLE ONE YES NO

Tony La Russa's Animal Rescue Foundation, 2890 Mitchell Drive, P.O. Box 30215, Walnut Creek, CA 94598
Phone 925-256-1273 Fax 925-977-9079 www.arf.net