

**Azalea Lakes Veterinary Clinic**

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Please fill out one form for each pet that is being dropped off.

**Drop Off Form****Client Name:****Address:****Phone Number:****Patient:****Species:****Breed:****Sex:****Color:****Weight**

What is the reason for your visit? \_\_\_\_\_

Any problems we should know about? \_\_\_\_\_

If yes, how long has this been going on? \_\_\_\_\_

Is the problem getting better, worse or remaining the same? \_\_\_\_\_

Is this the first occurrence of the problem? If not, please list prior history.

Is your pet on any medication(s) or supplement(s)? (list all including heartworm/flea preventative and last dose)?  
\_\_\_\_\_  
\_\_\_\_\_What do you feed your pet, including treats? \_\_\_\_\_  
\_\_\_\_\_

While with you today, I would like my pet to have (there is an extra fee for the listed services.):

☐ Bath☐ Nails Trimmed☐ Anal Glands Expressed☐ Ears Cleaned

If your pet is a cat, is it indoor/outdoor/both?

Examination Consent:

☐ I authorize the veterinarian to examine my pet and perform the following tests without telephoning me first: ☐ bloodwork ☐ radiographs☐ I authorize the veterinarian to examine my pet. I want to be called after the exam to discuss diagnostic tests and treatment.**\*\*\*I understand that if my pet has live fleas/ticks present at the time of check in he/she will be given a dose of flea/tick prevention at my expense.\*\*\***

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

Phone # (s) You Can Be Reached Today: \_\_\_\_\_

Permission to text with updates: ☐ **YES** I accept ☐ **NO** I decline

Emergency Contact &amp; Number: \_\_\_\_\_

**\*\*\*PAYMENT EXPECTED AT TIME OF SERVICES\*\***