Azalea Lakes Veterinary Clinic
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Baton Rouge, LA 70817
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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:

Do you have a preference on which doctor sees your pet today?
❑ No preference ❑ Dr. Tara Farmer ❑ Dr. Gretchen Godbee ❑ Dr. Savanna Richey

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 offlea/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 & Number: _____

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