



Azalea Lakes Veterinary Clinic
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Drop Off Questionnaire Form

Date: _____
Client Name: _____
Patient Name: _____

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. _____

What do you feed your pet? (include treats and table food) _____

Is your pet on any medication(s) or supplement? _____

Heartworm Prevention/Flea Prevention & when last dose given? _____

Would you like your pet microchipped today? **Yes / No / Already Has**-is your microchip registered? **Yes / No**

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

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

Examination Consent:

- I authorize the veterinarian to examine my pet. I want to be called after the exam to discuss diagnostic tests and treatment.
- I authorize the veterinarian to examine my pet and perform the following tests without telephoning me first:
 - bloodwork**
 - radiographs**

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: _____

Emergency Contact & Number: _____