



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. _____

Is your pet on any medication(s) or supplement(s)? (list all including heartworm/flea preventative and most recent dose) _____

Which food do you feed your pet? _____

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

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

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. Please call before any diagnostics tests are performed.

*****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** or **No**

Emergency Contact & Number: _____