

**Azalea Lakes Veterinary Clinic**

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[www.azalealakesvetclinic.com](http://www.azalealakesvetclinic.com)

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

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\*\***