

Aztec Animal Hospital

Drop off Form

Why are we seeing your pet today?

Physical Examination Vaccinations Heartworm Test Fecal
 Felv/Fiv Test (\$40.00) Microchip Trim Nails Urinalysis
 X-Rays Blood work Other _____

What do you currently feed your pet? (Include pet food, snacks, table scraps, etc.) _____

Does your pet exhibit any of the following behaviors? (Please check all that apply)

Change in appetite House - soiling "accidents"
 Increased thirst Does not "ask" to go outside
 Weight loss or gain No longer greets family members
 Increased urination Does not seek attention / petting
 Coughing, sneezing, shortness of breath
people / places Does not recognize familiar
 Vomiting, diarrhea, constipation Does not respond to verbal cues
 Wounds / Injury Sleeps more during the day or less
at night
 Difficulty urinating / defecating Wanders or paces
 Bad odor from skin or mouth Stares into space or at walls
 Excessive scratching or licking Limping or stiffness after resting
 Skin or haircut problems Tremors or shaking
 Shaking head / scratching ears Lumps or skin problems

How long has your pet had these symptoms? _____

I hereby authorize Aztec Animal Hospital, the admitting veterinarian, associates, and/or assistants to administer any medical treatment to my pet. I authorize a maximum expenditure of \$_____ for any emergency. _____ (Initials).
You will be contacted once your pet(s) is examined with a treatment plan and the price for such a treatment. Then you will make a decision for us to proceed with the treatment.

Name: _____

Date: _____

Telephone #: _____