

Aztec Animal Hospital

Drop off Form

Why are we seeing your pet today?

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- | | | | |
|--|---------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Physical Examination | <input type="checkbox"/> Vaccinations | <input type="checkbox"/> Heartworm Test | <input type="checkbox"/> Fecal |
| <input type="checkbox"/> Felv/Fiv Test (\$40.00) | <input type="checkbox"/> Microchip | <input type="checkbox"/> Trim Nails | <input type="checkbox"/> Urinalysis |
| <input type="checkbox"/> X-Rays | <input type="checkbox"/> Blood work | <input type="checkbox"/> Other _____ | |
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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)

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