

Aztec Animal Hospital
140 E McDowell Rd,
Scottsdale, AZ 85257
(480) 945-6800
info@aztecanimalhospital.net

CLIENT CHECK IN FORM

Date: 02/22/2021

Internal UsageAztec Scottsdale AZ 85258 Acc. No: 4940 Phone:	_____ CANINE Golden Retriever Tag: None Doctor: Diego Florez, DVM	Age: N/A Sex: ML	
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Is all the information above accurate? Yes No (please make necessary changes)

Why are we seeing your pet today? _____

What do you currently feed your pet? (include diet, snacks, table scraps, etc.)

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

- | | |
|----------------------------------|---|
| Change in appetite | Having accidents in the house |
| Increased thirst | No longer greets family members |
| Weight loss or gain | Does not seek attention |
| Increased urination | Does not recognize familiar people/places |
| Coughing or Sneezing | Does not respond to verbal cues |
| Difficulty breathing | Sleeping more |
| Vomiting, diarrhea, constipation | Wanders or paces |
| Wound or injury | Stares into space or at walls |
| Excessive scratching or licking | Limping or stiffness after resting |
| Skin or coat problems | Tremors or shaking |
| Shaking head/ scratching ears | Lumps or skin problems |
| Bad odor from the mouth | |

How long has your pet been experiencing these symptoms? _____

Telephone number that you can be reached at: _____

E-Mail address: _____

Authorizing signature to perform exam: _____