

Aztec Animal Hospital

8140 E. McDowell Rd
480-945-8671

CLIENT CHECK IN FORM

Quartz Mountain Animal Hospital

8875 E. Via Linda
480-860-1433

OWNER NAME _____
OWNER'S PHONE# _____
OWNER'S ADDRESS _____
OWNER'S EMAIL _____
PET'S NAME _____
PET'S AGE / D.O.B. _____
BREED _____
SEX - <i>Select one</i> Female Spayed Not spayed
Male Neutered Not neutered
MICROCHIPPED Yes No
UP TO DATE ON VACCINES? Yes No
<i>Proof of vaccines is required</i>

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: _____