

EL ABRIGADO ANIMAL CLINIC

Drop off questionnaire form &
Information sheet

900 Country Club Road
Santa Teresa, NM 88008
575-589-1818

Canine

Feline

Owner's name: _____ Pet's Name: _____

Telephone number at which you can be reached today: (____)-____-_____

Is this a new telephone number which we should keep on file? Yes No

Have you had an address change? Yes No

If so, please write your new address below:

What is the MAJOR reason for today's visit?

How long has your pet had this problem?

How is the problem progressing? Getting worse No change

Are there other health problems or concerns that you would like for us to address?

If so, please explain: _____

History on pet's habits and lifestyle:

Appetite:	Decreased	Increased	Normal		
Water Intake:	Decreased	Increased	Normal		
Bowel movements:	Decreased	Increased	Normal		
	Straining	Diarrhea	Mucus	Blood	
Urination:	Decreased	Increased	Normal		
	Straining	Blood			
Attitude:	Lethargic	Depressed	Normal	Hyperactive	

Is your pet being treated for any of these problems or has it been treated for the problems in the past? Yes No

If so, with what medications? _____

Did the medications help with the problem? Yes No

What does your pet eat? _____

How often do you feed? Once daily Twice daily Free choice Other _____

Do you give treats? Yes No What kind? _____

Is your pet on heartworm prevention? Yes No What kind? _____

Does your pet live: Strictly indoors Mostly outdoors Both indoors and outdoors

Does your pet leave your property for exercise? No River Levee Desert

To the mountains

Are there smokers in the house? Yes No Occasionally

Is your pet ever aggressive? Never Hard to handle Fear biter Aggressive

If your pet is potentially aggressive, PLEASE TELL OUR STAFF!

We always try to make friends with our patients and treat them compassionately.

However, if we can't handle your pet will you allow us to sedate?

I give permission to El Abrigado Animal Clinic to sedate my pet. Yes No

Name: _____

Signature: _____ Date: _____