

**Quartz Mountain Animal Hospital**

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Scottsdale, AZ 85258  
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CLIENT CHECK IN FORM

Date: 02/22/2021

Internal Usage Quartz  Scottsdale AZ 85258  Acc. No: 4940 Phone:	_____ <b>CANINE</b> Golden Retriever Tag: None  Doctor: Diego Florez, DVM	<b>Age: N/A</b> <b>Sex: ML</b>
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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: \_\_\_\_\_