

**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

