



ANIMAL CLINIC EAST

PREVENTIVE CARE EXAMINATION



1640 E Isaacs Ave ♦ Walla Walla Wa 99362 ♦ 509.522.0763

Your Name _____ Pet's Name _____ Date _____

E-mail Address: _____

Current medications your pet is on: _____

Adverse reactions to any known medications: _____

If new address or phone change, list here: _____

Reason for your visit today: _____

Would you like a written report card to take home with you? Yes/No

Please Check All That Apply:

Lifestyle:

- ___ Indoors Only
- ___ Flea treatment: What type _____
- ___ Goes to the Groomer
- ___ Goes to Boarding Facility/Doggy Daycare
- ___ Goes to the Dog Park
- ___ Attends Dog Shows
- ___ Hunting/Hiking
- ___ Travel outside Northwest: Where _____

Diet/Oral Health:

- | | |
|------------------------|--------------------------|
| ___ Increased Appetite | ___ Weight Gain |
| ___ Decreased Appetite | ___ Weight Loss |
| ___ Increased Thirst | ___ Trouble Chewing food |
| ___ Bad Breath | |

Behavior:

- | | |
|--|----------------------------------|
| ___ Change in behavior/activity level | ___ Confusion or disorientation |
| ___ Difficulty jumping up/climbing stairs | ___ Excessive barking/meowing |
| ___ Increased stiffness or limping | ___ Tremors/shaking |
| ___ Showing signs of pain | ___ Vision/hearing changes |
| ___ Excessive panting | ___ Shaking head/Scratching ears |
| ___ Coughing | ___ Unusual/new lumps or bumps |
| ___ Short of breath | ___ Change in hair, coat, skin |
| ___ Loss of houstraining | ___ Scratches, licks, chews |
| ___ Increased urination | ___ Scooting |
| ___ Bowel habits have changed: Diarrhea/Constipation | ___ Sneezing |
| ___ Vomiting | |

Is your pet currently **microchipped**? Yes/ No

If not, would you like us to microchip today for \$35? Yes / No

Do you have any questions or special concerns at this time? _____