



# WELCOME TO ANIMAL CLINIC EAST

1640 E Isaacs Ave ♦ Walla Walla WA 99362 ♦ 509.522.0763



## SENIOR PET (8 years and older) Preventive Care Exam

Date: \_\_\_\_\_ Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Is your pet on any medications? (What type and how often?) \_\_\_\_\_

Is your pet on flea medication? (type and last date given) \_\_\_\_\_

What food are you feeding: \_\_\_\_\_

*Have you observed any of the following recently? Please check all that apply.*

- |   |   |
|---|---|
| <input type="checkbox"/> Change in behavior/activity level                | <input type="checkbox"/> Confusion or disorientation      |
| <input type="checkbox"/> Difficulty jumping up/climbing stairs            | <input type="checkbox"/> Excessive barking/meowing        |
| <input type="checkbox"/> Increased stiffness or limping                   | <input type="checkbox"/> Tremors/shaking                  |
| <input type="checkbox"/> Showing signs of pain                            | <input type="checkbox"/> Vision/hearing changes           |
| <input type="checkbox"/> Excessive panting                                | <input type="checkbox"/> Shaking head/Scratching ears     |
| <input type="checkbox"/> Coughing   | <input type="checkbox"/> Unusual/new lumps or bumps       |
| <input type="checkbox"/> Short of breath                                  | <input type="checkbox"/> Change in hair, coat, skin       |
| <input type="checkbox"/> Loss of housetraining                            | <input type="checkbox"/> Scratches, licks, chews          |
| <input type="checkbox"/> Increased thirst                                 | <input type="checkbox"/> Scooting                         |
| <input type="checkbox"/> Increased urination                              | <input type="checkbox"/> Bad breath                       |
| <input type="checkbox"/> Bowel habits have changed: Diarrhea/Constipation | <input type="checkbox"/> Difficulty chewing               |
| <input type="checkbox"/> Repeated vomiting                                | <input type="checkbox"/> Weight gain                      |
| <input type="checkbox"/> Increased appetite                               | <input type="checkbox"/> Weight loss                      |
| <input type="checkbox"/> Decreased appetite                               | <input type="checkbox"/> Just not acting like him/herself |

What is the reason for your visit today? \_\_\_\_\_

Do you have any specific questions or concerns? \_\_\_\_\_

### 2016 SENIOR PACKAGES ARE RECOMMENDED FOR PETS 8 YEARS AND OLDER TALK TO YOUR DOCTOR ABOUT THE BEST OPTION FOR YOUR PET

<i>Senior</i>	<i>Senior</i>	<i>Senior</i>	<i>Senior</i>
<b>Gold Package</b> <input type="checkbox"/>	<b>Silver Package</b> <input type="checkbox"/>	<b>Bronze Package</b> <input type="checkbox"/>	<b>No Package</b> <input type="checkbox"/>
Senior Exam	Senior Exam	Senior Exam	Senior Exam \$57
Glaucoma Test	Glaucoma Test	Glaucoma Test	
Comp Panel & T4	Comp Panel & T4	Mini-Panel & T4	
Fecal Ova & Parasite Test	Fecal Ova & Parasite Test	Urinalysis	
Urinalysis & Sediment Exam	Urinalysis & Sediment Exam		
Radiograph Two Views			
<b>Cost after Discount</b> <b>\$366</b>	<b>Cost after Discount</b> <b>\$259</b>	<b>Cost after Discount</b> <b>\$173</b>	<b>Cost</b> <b>\$57</b>
<i>Gold Savings</i> \$65	<i>Silver Savings</i> \$46	<i>Bronze Savings</i> \$31	

I understand that payment is due in full upon the animal's discharge

Signature: \_\_\_\_\_