



ANIMAL CLINIC EAST

PREVENTIVE CARE EXAMINATION



1640 E Isaacs Ave ♦ Walla Walla Wa 99362 ♦ 509.522.0763

Your Name _____ Pet's Name _____ Date _____

Email Address: _____ Email Reminders: Y / N (circle one)

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:

- | | |
|---|---|
| <input type="checkbox"/> Increased Appetite | <input type="checkbox"/> Weight Gain |
| <input type="checkbox"/> Decreased Appetite | <input type="checkbox"/> Weight Loss |
| <input type="checkbox"/> Increased Thirst | <input type="checkbox"/> Trouble Chewing food |
| <input type="checkbox"/> Bad Breath | |

Behavior:

- | | |
|---|---|
| <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 houstraining | <input type="checkbox"/> Scratches, licks, chews |
| <input type="checkbox"/> Increased urination | <input type="checkbox"/> Scooting |
| <input type="checkbox"/> Bowel habits have changed: Diarrhea/Constipation | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Vomiting | |

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

If not, would you like us to microchip today for \$39? Yes / No

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