



# 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         |   |
- What food are you feeding? \_\_\_\_\_

**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 housetraining                            | <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? \_\_\_\_\_