



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 _____ Email Reminders: Y / N (circle one)

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? _____

2019 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>
Gold Package <input type="checkbox"/>	Silver Package <input type="checkbox"/>	Bronze Package <input type="checkbox"/>	No Package <input type="checkbox"/>
Senior Exam	Senior Exam	Senior Exam	Senior Exam
Glaucoma Test	Glaucoma Test	Glaucoma Test	
Senior Profile	Senior Profile	Mini-Panel & T4	
(Chem 27/CBC/T4/UA)	(Chem 27/CBC/T4/UA)	Urinalysis	
Fecal Ova & Parasite Test	Fecal Ova & Parasite Test		
Radiograph Two Views			
Cost after Discount \$414	Cost after Discount \$292	Cost after Discount \$199	Cost \$62
<i>Gold Savings \$73</i>	<i>Silver Savings \$51</i>	<i>Bronze Savings \$35</i>	

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

Signature: _____