



ANIMAL CLINIC EAST
1640 E Isaacs Avenue ♦ Walla Walla ♦ WA ♦ 99362



SENIOR PREVENTATIVE CARE EXAMINATION

Owner Name: _____

Patient Name: _____

Email Address: _____

Email Reminders: Y / N (*circle one*)

Today's Date: _____

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

If your pet is not microchipped, would you like us to implant one today for \$39? Yes / No

What food are you feeding? _____

Medication(s): _____

Known adverse reactions to any medications: _____

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 |

2019 SENIOR PACKAGES ARE RECOMMENDED FOR PETS 8 YEARS AND OLDER
TALK TO YOUR DOCTOR ABOUT THE BEST OPTION FOR YOUR PET

Senior
Gold Package
 Senior Exam
 Glaucoma Test
 Senior Profile
 (Chem 27/CBC/T4/UA)
 Fecal DX Profile w/Giardia
 Radiograph Two Views

Senior
Silver Package
 Senior Exam
 Glaucoma Test
 Senior Profile
 (Chem 27/CBC/T4/UA)
 Fecal DX Profile w/Giardia

Senior
Bronze Package
 Senior Exam
 Glaucoma Test
 Mini-Panel & T4
 Urinalysis & Sediment

Senior
No Package
 Senior Exam

Cost after Discount \$438
Gold Savings \$77

Cost after Discount \$306
Silver Savings \$54

Cost after Discount \$224
Bronze Savings \$40

Cost \$66

Updated & Scanned _____ (initials)