



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



PREVENTIVE 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? _____

Annual fecal screening is recommended. Would you like to add a fecal screening today for an additional \$55.....Yes / No

If your pet is ***not*** microchipped, would you like us to implant one today for \$41.00?.....Yes / No

Medication(s): _____

Known adverse reactions to any medications: _____

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:

- ___ Increased Appetite
- ___ Decreased Appetite
- ___ Increased Thirst
- ___ Bad Breath
- ___ Weight Gain
- ___ Weight Loss
- ___ Trouble Chewing food

What food are you feeding? _____

Behavior:

- ___ Change in behavior/activity level
- ___ Difficulty jumping up/climbing stairs
- ___ Increased stiffness or limping
- ___ Showing signs of pain
- ___ Excessive panting
- ___ Coughing
- ___ Short of breath
- ___ Loss of houstraining
- ___ Increased urination
- ___ Bowel habits have changed: Diarrhea/Constipation
- ___ Vomiting
- ___ Confusion or disorientation
- ___ Excessive barking/meowing
- ___ Tremors/shaking
- ___ Vision/hearing changes
- ___ Shaking head/Scratching ears
- ___ Unusual/new lumps or bumps
- ___ Change in hair, coat, skin
- ___ Scratches, licks, chews
- ___ Scooting
- ___ Sneezing

Would you like us to email a written report card to you? Yes / No