



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 \$84.....Yes / No

If your pet is ***not*** microchipped, would you like us to implant one today for \$49.00?.....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 housetraining
- 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

Updated & Scanned _____ (initials)