



**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 \$66.....Yes / No

If your pet is ***not*** microchipped, would you like us to implant one today for \$45.00?.....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)