ANIMAL CLINIC EAST

1640 E Isaacs Avenue ♦ Walla Walla ♦ WA ♦ 99362

SENIOR PREVENTIVE CARE EXAM

Appointment Date

Client Name:
Client Address:
City, State, Zip Code:
Phone:
Email Address:
Email Reminders: Y ☐ / N ☐

Patient Name:
Dog ☐ Cat ☐ Other ☐
Breed Color
Spayed ☐ Neutered ☐ Intact ☐
Age: Weight:
Microchip#:

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 ☐

Current Medication(s):

Known adverse reactions to any medications:

Lifestyle

☐ Indoors only (cats)
☐ Boarding or Dog Day Care
☐ Groomer
☐ Hunting/Hiking (dogs)
☐ Dog Park
☐ Hunter?(cats)

☐ Flea/Tick Treatment: What Type?
☐ Travel outside the Pacific Northwest? Where

Have you observed any of the following recently? Please check all that apply.

Diet / Oral Health

☐ Increased appetite
☐ Trouble chewing food
☐ Decreased appetite
☐ Increased thirst
☐ Weight gain
☐ Bad breath
☐ Weight loss

What food / How much are you feeding? Is this a grain-free diet (dogs only)

Behavior/ Neurologic

☐ Change in behavior
☐ Confusion or disorientation
☐ Tremors/shaking
☐ Excessive barking/meowing
☐ Vision/hearing changes
☐ Change in sleeping pattern

Body Functions

☐ Loss of housetraining
☐ Sneezing
☐ Changed bowel habits: Diarrhea/Constipation
☐ Increased urination
☐ Repeated vomiting
☐ Scooting
☐ Shaking head/scratching ears

Heart / Lungs

☐ Coughing
☐ Excessive panting
☐ Tires easily/ short of breath

Orthopedics

☐ Difficulty jumping up/ climbing stairs
☐ Increased stiffness or limping
☐ Showing signs of pain
☐ Not as active

Skin and coat

☐ Scratching, licking, chewing
☐ Unusual or new lumps or bumps
☐ Change in hair, coat, skin
☐ Odor to skin

Hospital Use Only Updated in DVMax ☐ _____ (initials)