

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

**PREVENTIVE CARE EXAM**

Appointment Date \_\_\_\_\_

Client Name: \_\_\_\_\_

Client Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Reminders: Y / N (circle one)

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 \$89? Yes / No (circle one)

If your pet is **not** microchipped, would you like us to implant one today for \$58? Yes / No (circle one)

**Medication(s):**

\_\_\_\_\_

Known adverse reactions to any medications: \_\_\_\_\_

**Lifestyle**

Indoors only

Boarding/Doggy Daycare

Hunter (cats)

Visits Groomer

Attends Dog Shows

Flea/Tick Treatment: What Type? \_\_\_\_\_

Dog Park

Hunting/Hiking (dogs)

Travel outside the Pacific Northwest? Where \_\_\_\_\_

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

**Diet/Oral Health**

Increased Appetite

Decreased Appetite

Weight Gain

Weight Loss

Trouble Chewing Food

Increased Thirst

Bad Breath

What food are you feeding? \_\_\_\_\_ Is this a grain-free diet? (dogs only) \_\_\_\_\_

**Behavior/ Neurologic**

Change in behavior

Tremors/shaking

Vision/hearing changes

Confusion or disorientation

Excessive barking/meowing

Change in sleeping pattern

**Body Functions**

Loss of housetraining

Increased Urination

Scooting

Sneezing

Repeated Vomiting

Shaking head/scratching ears

Changed Bowel Habits: Diarrhea / Constipation

**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)