# ANIMAL CLINIC EAST

**1640 E Isaacs Avenue ♦ Walla Walla ♦ WA ♦ 99362**

## *Office Call*

Appointment Date:_____

Client Name:_____ Patient Name:_____

Client Address: _____ Dog: _____ Cat:_____ Other: _____

City, State, Zip Code:_____ Breed: _____ Color: _____

Phone: _____ Spayed: _____ Neutered: _____ Intact: _____

**Email Address:** _____ Age: _____ Weight: _____

Email Reminder: *(circle one)* Yes / No 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 $92? *(circle one)* Yes / No

If your pet is **not** microchipped, would you like us to implant one today for $63? *(circle one)* Yes / No

**Annual blood testing is recommended to assess overall health. Would you like a general panel run today?** *(circle one)* Yes / No

**Medication(s):**

Known adverse reactions to any medications:

**Lifestyle**

☐ Indoors only ☐ Visits Groomer ☐ Dog Park
☐ Boarding/Doggy Daycare ☐ Attends Dog Shows ☐ Hunting/Hiking (dogs)
☐ 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 ☐ 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
- ☐ Showing signs of pain
- ☐ Increased stiffness or limping
- ☐ Not as active

**Skin and coat**

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