



# ANIMAL CLINIC EAST PATIENT INFORMATION FORM

1640 E Isaacs Ave ♦ Walla Walla Wa 99362 ♦ 509.522.0763



Name \_\_\_\_\_ Pet's Name \_\_\_\_\_ Date \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Current medications your pet is on: \_\_\_\_\_

Adverse reactions to any known medications: \_\_\_\_\_

If new address or phone change, list here: \_\_\_\_\_

Reason for your visit today: \_\_\_\_\_

**Would you like a written report card to take home with you? Yes/No**

## **Please circle yes or no**

### **Lifestyle:**

Does your pet live mostly indoors? Yes / No

Does your pet go outdoors frequently? Yes/ No/Never

Do you use flea treatment? Yes/No What type & how often? \_\_\_\_\_

Does your pet go to the groomer? Yes/ No

Does your pet go to a boarding facility? Yes/ No

Does your dog go to the dog park? Yes/ No

Does your dog attend dog shows? Yes/No If yes, where \_\_\_\_\_

### **Diet:**

Does your pet have a good appetite? Yes/ No

Does your pet eat dry food? Yes/ No If Yes, Brand: \_\_\_\_\_

Does your pet eat canned food? Yes/No If Yes, Brand: \_\_\_\_\_

Does your pet get treats? Yes/ No If Yes, Brand \_\_\_\_\_

Does your pet get human food? Yes/ No  
How often & what type? \_\_\_\_\_

Does your pet drink water excessively? Yes/ No

### **Behavior:**

Has there been a recent change in your pet's behavior? Yes/ No

If yes, what is your pet doing? \_\_\_\_\_

Is your pet vomiting? Yes/ No

If yes, how often & what is vomited \_\_\_\_\_

Is there a relationship to eating or drinking? \_\_\_\_\_

Is your pet having diarrhea? Yes/No

If yes, describe the bowel movement \_\_\_\_\_

Has there been a change in your pet's elimination habits? Yes/ No

Increase/ Decrease in Urination/Defecation? Yes/ No Accidents in house? Yes/ No

Has your pet's activity level changed? How? \_\_\_\_\_

Is your pet: sneezing? coughing? itching? having trouble rising? limping?

straining to urinate? scooting? bad breath? unusual/new lumps/bumps?

### **Travel:**

Has your pet traveled outside the northwest? Yes/ No

How long ago and where? \_\_\_\_\_

For dogs, do you hunt or hike with your dog? Where? \_\_\_\_\_

Is your pet currently microchipped? Yes/ No If not, would you like us to microchip today? Yes / No

Do you have any questions or special concerns at this time? \_\_\_\_\_