



## ANIMAL CLINIC OF WALLA WALLA

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## EXAMINATION FORM

Today's Date \_\_\_\_\_ Pets Name: \_\_\_\_\_ Pets Weight: \_\_\_\_\_

Owner's Name \_\_\_\_\_

Today's Telephone Number \_\_\_\_\_

Why is your pet here today? \_\_\_\_\_

How long has this condition persisted? \_\_\_\_\_

### Diet

Yes No

- Does your pet have a good appetite?
- Does your pet eat mostly dry food? What brand? \_\_\_\_\_
- Does your pet eat mostly canned food? What brand? \_\_\_\_\_
- Does your pet get treats? What type/brand? \_\_\_\_\_
- Does your pet get human food? How often/what type? \_\_\_\_\_
- Does your pet drink water excessively? \_\_\_\_\_
- When did your pet last eat? \_\_\_\_\_

### Behavior

Yes No

- Has there been a recent change in your pet's behavior?  
\*If yes; please explain: \_\_\_\_\_
- Is your pet vomiting or having diarrhea?  
\*If yes; how often, what is vomited/describe bowel movement: \_\_\_\_\_  
\*Is there a relationship to eating or drinking? \_\_\_\_\_
- Has your pet's activity level changed? How? \_\_\_\_\_
- Is your pet: sneezing?  coughing?  itching?  straining to urinate/defecate?
- Is your pet on any medications?  
Please list: \_\_\_\_\_

Any known reactions to medications? \_\_\_\_\_

Any additional questions or comments? \_\_\_\_\_