



ANIMAL CLINIC OF WALLA WALLA
Patient Wellness Information Form

OFFICE USE ONLY	
Client & Patient Info Updated: _____	
DVMax Updated: _____	Staff: _____

Client Name: _____ **Pet's Name:** _____
Address: _____ **City/State/Zip:** _____
Phone: _____ **Email:** _____

Yes No **Habitat**

Does your pet live mostly indoors or outdoors? _____
 *If outdoors, how do you confine them? _____

- Does your pet have any allergies? _____
- Does your pet sleep on a bed/bedding?
 *If yes; what kind of bedding? _____
- Do you use flea/tick treatment?
 *If yes; what type and how often? _____

Diet

- Does your pet have a good appetite?
 Does your pet eat mostly dry or canned food? _____
 What brand? _____
- Does your pet get treats? What brand? _____
- Does your pet get human food? How often/what type? _____
- Do you think your pet drinks water excessively?

Behavior

- Has there been a recent change in your pet's behavior?
 *If yes; please explain: _____
- Has your pet been 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?
- Is your pet on any medications? Please list: _____
 *Any known reactions to medications? _____

Travel

- Has your pet traveled outside of the Northwest? When/where? _____
- Has your pet gone to pet shows? When/where? _____
- Does your dog go to a grooming center, dog park and/or boarding facility?
- Is your pet exposed to wildlife at home/traveling? _____

Is your pet microchipped? Yes / No ***If not, would you like us to microchip today? Yes / No**
Any questions or special concerns at this time? _____

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Pet's Weight Today:	
_____	lbs