



ANIMAL CLINIC OF WALLA WALLA

2089 Taumarson Road
Walla Walla, WA 99362
Phone (509) 525-6111 Fax (509) 525-6102
animalclinicww@gmail.com

Bret K. Smith, DVM
Danielle B. Carey, DVM
Michelle R. Janik, DVM

EXAMINATON FORM

OFFICE USE ONLY
Pets Weight: _____

Today's Date _____ Pets Name: _____

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? _____
