



ANIMAL CLINIC OF WALLA WALLA
Patient Wellness Information Form

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

Owner 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