



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: _____

OFFICE USE ONLY

Pet's Weight Today:

_____ lbs

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? _____