



ANIMAL CLINIC OF WALLA WALLA

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EXAMINATION FORM

OFFICE USE ONLY

Pets Weight: _____

Today's Date _____ Pets Name: _____

Owner's Name _____ Email _____

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? _____