

PetWell Veterinary Healthcare

Individual Patient Medical History Update

Pet Name (First and Last) _____ Age _____ Breed _____

Reason for Today's visit: _____

Please update us on your pet....

Please circle the product you use for monthly flea management and/or heartworm prevention

Trifexis	Revolution	Certifect
Sentinel	Advantage Multi	Frontline
Heartgard	Advantix	Frontline Plus
Interceptor	Iverheart	Other _____

Current diet (brand of food and frequency, including treats) _____

How long has your pet been on this diet?(circle one) Days Weeks Months Years

Any changes in appetite or water intake _____

Any physical changes (weight loss/gain, limping, skin growths/masses) _____

Behavioral changes _____

Exercise intolerance _____

Supplements or medications _____

Normal or abnormal stools _____

How often do you brush your pet's teeth? Every day a few times a week never

How would you rate your pet's overall health?

1 poor 2 fair 3 well 4 very well 5 my pet is perfect

Have you been receiving our e-mails? We communicate all vaccine reminders and promotions through email.

Please update us with your most current e-mail, address, and phone number.
