



**Kirby Family Vet**  
4623 Binz Engleman  
San Antonio, TX 78219  
210-661-6717

**PATIENT HISTORY**

Date: \_\_\_\_\_

**Client Name:** \_\_\_\_\_ **Patient:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Species:** \_\_\_\_\_  
\_\_\_\_\_ **Breed:** \_\_\_\_\_  
\_\_\_\_\_ **Sex:** Male  Female   
**Phone Number:** \_\_\_\_\_ **Color:** \_\_\_\_\_  
**Neutered Spayed?** Yes  No

Reason for Visit: \_\_\_\_\_

Duration of problem: \_\_\_\_\_

Indoor  Outdoor  Both

Appetite:  Good  Fair  Poor

Diet: \_\_\_\_\_

Thirst:  Normal  Increase  Decrease

Urination:  Normal  Increase  Decrease  Inappropriate

Bowel Movements:  Normal  Diarrhea  Hard

If diarrhea (Color, # of BMs, Blood, Mucus, Amt/Size, Change of Diet?) \_\_\_\_\_

Vomiting?  Yes  No

If yes, what is the frequency of the vomiting? \_\_\_\_\_

Coughing?  Yes  No

Sneezing?  Yes  No

Activity Level: \_\_\_\_\_

Medications and how frequent are they given? \_\_\_\_\_

\_\_\_\_\_

On flea prevention? If yes, which product? \_\_\_\_\_

On heartworm prevention? If yes, which product? \_\_\_\_\_

Date of last bloodwork (if known): \_\_\_\_\_

Anything else that you need us to address for your pet today? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_