

DERMATOLOGY HISTORY FORM

Please complete this form and bring it with you to your pet's appointment

Date of Appointment: _____

Client's Name: _____ Date: _____

Pet's Name: _____ D.O.B. _____

1. How old was your pet when you obtained him/her? _____
2. How old was your pet when the skin/ear problem began? _____
3. What is your pet's main problem?
____ itching (this includes: scratching, chewing, licking, rubbing and biting)
____ ear problem _____ skin rash
____ dry skin, dandruff, scales _____ hair loss
____ oily skin _____ nails _____ other
4. Rate itch on a scale of 1 to 10. 1 = minimal and 10 = obsessive. _____
5. Please check all of your pet's affected areas: ____ face, ____ ears, ____ neck,
____ chest, ____ tail base, ____ under tail, ____ groin, ____ armpits,
____ legs, ____ feet, ____ abdomen ____ back, ____ sides,
____ thighs
6. Where on your pet's body did the problem first begin? _____
7. Is the skin problem seasonal or year round? _____
8. If seasonal, in which season does the problem occur?
____ Spring ____ Summer ____ Fall ____ Winter
9. If year round, does the problem get worse during any particular season?
____ Spring ____ Summer ____ Fall ____ Winter
10. Did itching begin before other signs (hair loss, rash, etc.)? _____
11. Do you have other pets? _____
If so how many dogs ____ cats ____ other _____
12. Do any other pets have skin problems or itching? _____
13. Do any relatives of your pets have skin or ear problems? _____

If so, please explain _____

14. Do any people in your house have skin problems? _____

If so, please explain _____

15. What percent of the time does your pet spend indoors ____ outdoors ____?

16. Has your pet ever been out of the area? _____

If so, when _____ where _____

17. What diet do you feed your pet? _____

18. Please list any other food or treats your pet is given. _____

19. Please check any of the following problems your pet is experiencing:

____ increased thirst ____ increased urination ____ increased appetite

____ decreased appetite ____ change in urinary habits

____ depression/lethargy ____ pain ____ fever ____reclusiveness

20. When was the last time you saw fleas or flea dirt on any of your pets? _____

21. Please list the type of flea prevention used on your pet, if any. _____

22. If your pet has had ear problems, have they been :

____ occasional ____ recurring ____ chronic

23. Please list the medications your pet has had to treat this skin condition. Please include strength and frequency given. Also include shampoos and topical medications:

24. Did any of the medications help? _____

If so, which ones? _____

25. What medication is your pet currently receiving? _____