

Dermatology History

Date: _____

Owners Name: _____ Address: _____

Pet's name: _____ Breed: _____ Age: _____

Gender: _____

1. Age of pet when obtained: _____ Where was pet acquired from? _____

2. Describe complaint: _____

3. When did the problem originally start? _____

4. Onset sudden or gradual? _____

5. Is the problem continual or seasonal? _____

6. Please check any that describe your pet.

- Hair loss
- Foul odor
- Swelling or redness
- Itching: scratching, chewing, rubbing, licking
- Otitis (ear infection) or other ear problems (scratching, shaking, excess wax, odor, hearing loss)
- Licking/Chewing
- Skin lesions (sores)
- Discoloration
- Thickened or leathery skin
- Chronic gastrointestinal signs, such as diarrhea or vomiting?
- Discharge from the eyes

7. Is your pet's attitude: **Alert/Depressed**

8. Is your pet's weight: **Stable/Increasing/Decreasing**

9. Does your pet sneeze? **Yes/No**

10. Does your pet cough? **Yes/No**

11. Does your pet have nasal discharge? **Yes/No**

12. If your pet is itchy, is it considered severe? **Yes/No/Unknown**

a. How many times a day does your pet itch? _____

b. Does your pet itch excessively over the entire body? **Yes/No/Unknown**

c. Does your pet itch in a particular area of the body? **Yes/No/Unknown**

d. Does your pet rub its face/nose on the carpet or elsewhere? **Yes/No/Unknown**

e. Does your pet chew/lick its paws frequently? **Yes/No/Unknown**

f. Does your pet stay awake at night itching? **Yes/No/Unknown**

13. Is this the first time your pet has had a skin problem? _____

14 a. Has your pet been treated for a skin problem, if so what was used for his/her treatment?

Please answer, even if we have medical records. _____

14 b. Which treatment(s) did your pet respond to and for how long? _____

15. Is your pet's appetite: **Normal/Increased/Decreased/Selective**
16. What pet food are you feeding? _____
17. Do you feed the same food all the time or provide a variety? **Always same/ Variety**
18. Have you changed his or her diet recently? **Yes/No**
19. Do you give your pet packaged treats? **Yes/No**
20. Do you feed your pet "human" food? **Yes/No**
21. Has a diet trial been done? _____ If so, what diet was fed, for how long was it fed, and were any other foods or flavored medications fed during that time? _____

22. Is your pet's water consumption: **Normal/Increased/Decreased/ Unknown**
23. Does your pet scoot its "bottom" on the floor? **Yes/No/ Unknown**
24. Does your pet urinate in the middle of the night? **Yes/No/Unknown**
25. Is the volume of urination: **Normal/Increased/Decreased/Unknown**
26. Is the frequency of urination: **Normal/Increased/Decreased/Unknown**
27. Does your pet have a nervous temperament? **Yes/No/Unknown**
28. Is your pet mostly: **Indoors/Outdoors/Partly in or out**
29. What heartworm preventative (if any) do you use on your pets, and during which months are they used? _____
30. What flea/tick preventative (if any) do you use on your pets, and during which months are they used? _____
31. What shampoo/creme rinse do you use on your pet? _____
32. How often do you bathe your pet? _____
33. What other pets are in the household? _____
34. Do they (other pets) have skin problems? _____
35. Does any member of the household have a skin problem? _____
36. What do you think caused your pet's skin problem? _____
37. Additional Comments: _____

DOCTOR'S USE:

DO NOT WRITE BELOW THIS LINE

VAS score: _____

R/O's: Diet trial: _____
 Ivermectin: _____
 SS: _____
 Fungal culture: _____

Current Treatments:

Antihistamine: _____
 Antibiotics: _____
 Steroid: _____
 Shampoo: _____
 Ear Medications: _____
 Immunotherapy: _____
 Topical therapy: _____
 Diet: _____
 Other: _____