

DERMATOLOGY HISTORY FORM

Owners Name _____ **Pet's Name** _____

Please take a few minutes to answer the questions below. Be as concise as possible.

Reason for your visit today _____

When did the problem symptoms started? _____

Is the problem seasonal? Yes. No.

Was it seasonal in the past years Yes. No

If yes, which season(s) ___ spring ___ summer. ___ fall. ___ winter

Which came first rash. Itching. hairloss

Which areas are affected? (circle answers) Nose, muzzle, eyes, ears, neck, back, rump, tail, axilla

(armpit), front legs, rear legs, top of paws, between toes, chest, abdomen, groin, rectal area.,

Other (please explain). _____

Do any of the people in the home have any rash or itch? Yes. No.

What other animal(s) do you have in the home? Please list. _____

Do any animals listed above have undiagnosed rash or itch? Yes. No.

If yes, please explain. _____

Do you see fleas on any of the pets? Yes. No.

Do you use products to prevent or treat fleas, yes. No.

If yes, please list _____

Do you use a product for heartworm prevention? Yes.No.

If yes, please list _____

Has your pet traveled away from home in the past 6 months? trip. boarding. Travel. Illness.

If yes, explain _____

What type of food are you feeding right now? _____

How long have you been feeding this diet? _____

Are you feeding any other foods? Table food. Rawhides. Pig ears. Biscuits/treats. chewable meds.

Other (list). _____ None.

Other than the dermatological problems listed above, does your pet have any of the following symptoms? (circle answer)

Cough vomiting. head shaking. Poor appetite. Exercise intolerance. nasal discharge.

Diarrhea, Sneeze, Ravenous appetite. Increase in urination, Eye discharge, increased thirst.

Other (list) _____