

DERMATOLOGY HISTORY FORM

Owners Name _____ Pet's Name _____

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

1. Reason for your visit today _____

2. At what age did the symptoms start? _____
3. Is the problem seasonal? Yes _____ No _____
Was it seasonal in the past years? Yes _____ No _____
If yes, which season(s) Spring _____ Summer _____ Fall _____ Winter _____
4. Which came first? Rash _____ Itching _____ Hairloss _____
5. Does your pet: Scratch _____ Rub _____ Chew _____ Lick _____ Bite _____
If so, where? Nose _____ Muzzle _____ Eyes _____ Ears _____ Neck _____ Back _____
Rump _____ Tail _____ Axilla (armpit) _____ Paws _____ Front legs _____
Back legs _____ Chest _____ Abdomen _____ Between toes _____ Rectum area _____
Other (please explain) _____
6. Does your pet have any of the following? Cough _____ Sneeze _____ Wheeze _____ Runny nose _____
Runny eyes _____ Vomit _____ Diarrhea _____ Gas _____ Poor appetite _____
Excessive appetite _____ Shake head _____ Weight loss _____ Weight gain _____
Drink excessive water _____ Other (describe) _____
7. Are the symptoms worse? Indoors _____ Outdoors _____ Morning _____ Nights _____
8. Do any of the people in the home have any rash or itch. Yes _____ No _____
9. Do any other littermates have a skin problem? Yes _____ No _____
10. Do you have any other pets? Cats _____ Dogs _____ Birds _____ Other _____
11. Do any animals listed above have a rash or itch? Yes _____ No _____
If yes, please explain _____
12. Do you see fleas on any of the pets? Yes _____ No _____
13. Do you use products to prevent or treat fleas? Yes _____ No _____
If yes, which one? Advantix _____ Advantage _____ Frontline _____ Bravecto _____ Nexgard _____ Seresto _____
Simparica _____ Other(Please list brand) _____
14. Any other parasite problems? Tick _____ Mites _____ Worms _____
15. Do you use product for heartworm prevention. Yes _____ No _____
If yes, which one? Interceptor(tablet) _____ Sentinel(tablet) _____ Heartgard(chewy block) _____ Other(please list brand) _____
16. Has your pet traveled away from home in the past 6 months? Boarding _____ Travel _____
If yes, explain _____
17. What type of food are you feeding right now? _____

18. How long have you been feeding this diet? _____

What is the protein in this food? Chicken ___ Duck ___ Turkey ___ Fish ___ Beef ___ Bison ___ Venison ___ Pork ___
Rabbit ___ Kangaroo ___ Other (please list) _____

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

Chewable meds _____ Vitamins _____

Others (list) _____

What brand of biscuits/treats _____

What brand chewable meds _____

What brand Vitamins _____

20. If pet has had other diets, please list _____

21. What type of bowl is used for food and water?

Stainless steel _____ Plastic _____ Glass _____ Ceramic _____

22. What type of bedding does your dog sleep on? _____

23. Do you have carpeting/rugs in your house? _____

24. Has your pet had an adverse reaction to any medication? Yes _____ No _____

If yes, please list medications and date _____

25. Is your pet on any medications at this time? Yes _____ No _____

If yes, please list _____

26. Is your pet having or has had any other medical problems? Yes _____ No _____

If yes, please list _____

27. Please provide any other information that you may have that is related to your pets skin problem

