

Patient Dermatology History Form

Client Name: _____ Date: _____

Pet's Name: _____ Breed: _____ Age: _____

Please Circle: Male/Female Spayed/Neutered

How long have you owned your pet? _____

Where did you get your pet? **Please Circle:** Breeder Shelter Family/Friend

Date skin issue first noticed: _____ Age of pet at that time: _____

Is this a year round problem? Yes / No Has it changed or spread? Yes / No

What part of their body is most affected? _____

Please describe what the problem looks like:

What is the primary problem for your pet? (itching, sores, redness, etc.)

Have you seen any of the following? **Circle all that apply:**

Red Bumps Hives Rashes Hair Loss Flaky Skin Sores

Are there any areas where the problem is more predominant? Yes / No

If yes, where? _____

Do you have any other pets in the home? Yes / No

If yes, please list species and how many _____

Has your pet travelled with you outside of the state and/or out of the United States? Yes/No

If yes, where and for how long? _____

Does anyone in the home have any rashes, skin lesions, and/or itching? Yes / No

If yes, please describe _____

Has your pet(s) ever had fleas? Yes / No If yes, when was the last time? _____

Current flea and tick medication for your pet and how often it is given:

Does your pet interact with other animals? (dog park, doggy daycare, etc.) Yes / No

Is your pet groomed or boarded? Yes / No

If yes, name of facility: _____

Does your pet itch? Yes / No

If yes, please circle one: Constantly Sporadically Nightly

Does your pet lick their feet? Yes / No Does your pet shake their head? Yes / No

Does your pet rub their face? Yes / No Does your pet get ear infections? Yes / No

Is your pet currently on any medications for their skin? Yes / No

If yes, please list all medications and dosage: _____

How long has your pet been on these medications? _____

Which medications seem to help?

Which medications do NOT seem to be effective?

Has your pet ever taken a steroid? (Prednisone, Cortistone) Yes / No

Are you able to bathe your pet at home? Yes / No Do you bathe your pet at home? Yes / No

Name of shampoo? _____

Do you clean your pet's ears? Yes / No Name of product? _____

Do you medicate your pet's ears? Yes / No How often? _____

What medicated product(s) do you use? Please include instructions if possible: _____

Please list any current illnesses your pet has:

What is your pets current diet? (Brand of food) _____

Does your pet receive table food and/or treats? Table Food Treats Both

Are you aware of any food allergies your pet may have? Yes / No

If yes, list allergy: _____

If no, has your pet ever been placed on a strict diet to determine possible food allergy? Yes / No

If yes, name of food and length of time on diet _____

Please list any other information that you believe will be helpful to us today: _____

