

Dermatology History Form  
Nonie Eakle, DVM

Date: \_\_\_\_\_  
Pet Name: \_\_\_\_\_ Client Name: \_\_\_\_\_  
Age of pet when acquired: \_\_\_\_\_ Obtained from: \_\_\_\_\_  
Age of pet when skin issues started: \_\_\_\_\_ Seasonal/All year round: \_\_\_\_\_  
Spayed or Neutered: YES NO If not, date of last heat cycle for females? \_\_\_\_\_  
Pet's diet/treats: \_\_\_\_\_

Pet's vitamins/supplements & frequency given: \_\_\_\_\_

Heartworm prevention & frequency given: \_\_\_\_\_

Flea/tick prevention & frequency given: \_\_\_\_\_

When was the last time a flea was seen on this pet? \_\_\_\_\_

Are ALL other pets inside or outside on flea/tick prevention? YES NO

Pet's lifestyle: % of time indoors: \_\_\_\_\_ % of time outdoors: \_\_\_\_\_

If outdoors (Circle all that apply) always on a leash stays in a confined yard swims regularly

roams freely/unsupervised has a pen/kennel/dog house walked in public areas

Pet's environment: bedding: \_\_\_\_\_

where walked/spends most of time: \_\_\_\_\_

Problem you brought your pet in for today: \_\_\_\_\_

Indicate the OVERALL severity of your pet's itch and irritation AT THIS TIME: \_\_\_\_\_

(NEVER= 0; 10=ALWAYS, keeps you up at night, etc

What is your pet's main problem today? (Circle all that apply)

Dry skin Dandruff Hair loss Itching/Licking Odor Oily skin Redness Bugs

Where on the body did the problem **START**? (Circle all that apply)

Nose Neck Tail Chest Back Rump Nails Ears

Around Eyes Around Mouth Abdomen/Stomach Sides Groin

Front Legs Back Legs Front Paws Back Paws

Does your pet itch (ie. Scratch/bite/chew/lick/bite/rub) any of the following areas? (Circle all that apply)

Nose Neck Tail Chest Back Rump Nails Ears

Around Eyes Around Mouth Abdomen/Stomach Sides Groin

Front Legs Back Legs Front Paws Back Paws

If there is hair loss, where? (Circle all that apply)

Nose Neck Tail Chest Back Rump Nails Ears

Around Eyes Around Mouth Abdomen/Stomach Sides Groin

Front Legs Back Legs Front Paws Back Paws

PRIOR treatments:

Name of medication/Product:

Amount/Frequency:

Effective/Not effective:


Please list all CURRENT medications (include supplements, HW/Flea medications, shampoos/topical therapies, ear treatments, prescribed medications, etc.) Use additional pages if needed.

Name of medication/Product:

Amount/Frequency:

Effective/Not effective:


What medications HELPED the most? \_\_\_\_\_

What medications, etc. DID NOT HELP? \_\_\_\_\_

Has your pet been tested for allergies in the past? \_\_\_\_\_

Does your pet have any other medical conditions at this time or in the past? (seizures, thyroid, etc.) Please list all and any treatments: \_\_\_\_\_

Do any other animals has or have had itch/rash/skin problems within the last year? YES NO

Do any humans in the house have any itch/rash/skin problems within the last 6 months? YES NO

If yes, please describe: \_\_\_\_\_