



### Dermatology History

Today's Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Pet Name: \_\_\_\_\_

Appointment Date: \_\_\_\_\_

Please fill out this questionnaire as completely as possible to help us better understand your pet's skin problem(s).

How old was the animal when obtained? \_\_\_\_\_

Where was the animal obtained (including state)? \_\_\_\_\_

Describe your pet's dermatological (skin/ear) problem(s)? What prompted you to seek veterinary attention?  
 \_\_\_\_\_

When did the problem(s) first appear? \_\_\_\_\_ Was the onset  Gradual  Sudden

What did the problem(s) look like at the start? Was 'itching' the first sign you noticed?  
 \_\_\_\_\_

Where on the pet's body did the problem(s) first begin?  Face  Ears  Chest  Abdomen  Back  
 Rump  Tail  Limbs  Paws  Other

Has the problem(s) spread or changed appearance? If so, describe.  
 \_\_\_\_\_

Does your pet  Lick  Chew  Bite  Rub  Scratch  Head Shake  Scoot excessively? **Internal Use: Grade** \_\_\_\_\_

Has your pet ever had ear problems?  Yes  No If yes, explain  
 \_\_\_\_\_

Have you ever noticed fleas on your pet?  Yes  No

Is the problem(s) **currently**  Seasonal  Year Round If year round, was it seasonal at the start?  Yes  No

If the problem(s) is **seasonal**, which season is the worst?  Spring  Summer  Fall  Winter

If the problem(s) is **year-round**, is any season(s) worse than others?  Spring  Summer  Fall  Winter

What percentage of time does your pet spend indoors \_\_\_\_\_ and outdoors \_\_\_\_\_?

Is the problem worse  Indoors  Outdoors  Not affected by this factor

Describe the pet's outdoor environment.  
 Trees  
 Grasses  
 Weeds  
 Other

Describe the pet's indoor environment.  
 Carpets  
 Floors  
 Furniture  
 Bedding  
 Other

Has the pet traveled outside of the state?  Yes  No If yes, when and where?  
 \_\_\_\_\_

Were the problem(s) still present?  Yes  No

List any other animals you have in the pet's immediate environment. Do they have similar skin problems?  
 \_\_\_\_\_

Are you aware of any relatives of your pet having similar dermatological problems?  Yes  No

Have any people in the household developed skin problems since your pet was affected?  Yes  No

Describe the pet's diet (e.g., brand, dry, canned).  
 Pet food  
 Table food  
 Treats  
 Supplements

Have there been any changes in diet? If so, was the problem(s) affected by the dietary change? List any commercial pet foods and/or home-cooked foods prescribed by your veterinarian.  
 \_\_\_\_\_



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What has been the **response** to the treatment? When were they **last given** to your pet ( this is important information).

Steroids (e.g, prednisone, Temaril-P, Depo-Medrol, Vetalog)

Antihistamines (e.g., Benadryl, Tavist, chlorpheniramine, hydroxyzine)

Antibiotics (e.g., cephalexin, Simplicef, Clavamox, Baytril)

Fatty acids

Ear Medication

Flea/tick preventative (name)

Topicals (e.g., shampoos, sprays)

Home remedies / Other

List any medication your pet is **currently** taking.

What heartworm preventative do you give your pet? How often do you give it? When was it last given?

Has your pet had any other major illnesses associated with the skin/ear problem?

Please check any that apply to your pet and explain.

- |                                   |                                   |                                    |   |  |   |
|-----------------------------------|-----------------------------------|------------------------------------|---|--|---|
| <input type="checkbox"/> Lethargy | <input type="checkbox"/> Anorexia | <input type="checkbox"/> Hunger    | <input type="checkbox"/> Increased Thirst | <input type="checkbox"/> Increased urination | <input type="checkbox"/> Difficulty urinating |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Sneezing | <input type="checkbox"/> Vomiting  | <input type="checkbox"/> Diarrhea         | <input type="checkbox"/> Weight gain         | <input type="checkbox"/> Weight loss          |
| <input type="checkbox"/> Lameness | <input type="checkbox"/> Seizures | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Heat cycle       | <input type="checkbox"/> Scooting            | <input type="checkbox"/> Other                |

### Explain

Does your pet have any known adverse/allergic reactions to medications (e.g., vaccines, antibiotics, anesthetics, shampoos) or food? Explain.

Does your pet have any other medical conditions or are there any other concerns we should be aware of with your pet?

Client Signature

Date