

Dermatology History

Pet: _____ Owner: _____ Date ___/___/___
Animal's Age _____ Sex _____ Breed _____

1. What is the skin problem? Itching Loss of Hair Rash Oily Skin Dry Skin Dandruff
 Redness Odor Other _____
2. At what age did you first notice the problem? _____
3. Are the symptoms worse at a particular time of year? Spring Summer Fall Winter
4. What did the problem look like when it first started? Itching Hair loss Rash Pimples Redness
 Other _____
5. Where did it start? Nose Eyes Ears Neck Back Tail Rump Legs
 Paws Chest Abdomen Groin
6. Has it spread? No Yes, where. Explain _____
7. Does your pet scratch, rub, chew, lick or bite? No Yes
If yes, where? Nose Muzzle Eyes Ears Neck Back Rump Tail Chest
 Front Legs Back Legs Paws Abdomen Axilla (arm pit) Groin
8. Was itching the first thing that was noticed? No Yes
9. Do you have other pets in the house? List _____

10. Do any of the your other pets have skin problems? Explain _____

11. Do any people in your household have a skin problem? Explain _____

12. Percent of time your pet is confined: Indoors _____ Outdoors _____
13. Are symptoms worse Indoors Outdoors Night Morning
14. Has your pet been neutered or spayed? No Yes, At what age _____
15. If female, has she had normal heat cycles? No Yes
When was her last heat cycle _____ Problems _____
16. If male, does he have normal interest in females? No Yes
17. Does your pet have fleas? No Yes
Did your pet have fleas? No Yes
18. Do you or did you use any of the following? (Check all that apply)
 Flea Spray Flea Dips Flea Powder Flea Collar Powders Baths
Name Products _____
19. Any other parasite problems? Ticks Mites Flies
20. Do you use insecticides in your home? _____ Yard _____
21. Has your pet been out of his/her normal area (vacation, visit, boarded, etc.)? No Yes
Where _____ When _____
22. What medication(s) has your pet been using since problem started? Oral _____
Topical _____ Injectable _____
23. Did these medications help or cure the problem? No Yes Some For Awhile
24. Does your pet use food supplements or vitamins? No Yes, What _____
25. What type and brand of food do you feed your pet? Dry _____
 Canned _____ Table Scraps _____
 Other _____
26. Does your pet do or have any of the following? Cough Sneezing Runny Nose Runny Eyes
 Vomiting Diarrhea Poor Appetite Excessive Appetite
 Regular Exercise Worms Shakes Head
27. Has your pet had any other illnesses? Explain _____
