

Dermatology History

Date _____

Owner _____ Animal's Name _____
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? Yes No If yes, where. Explain _____
7. Does your pet scratch, rub, chew, lick or bite? Yes No 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? Yes No
9. Do you have other pets in the house? List _____
10. Do any of 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? Yes At what age _____ No
15. If female, has she had normal heat cycles? Yes No
When was her last heat cycle _____ Problems _____
16. If male, does he have normal interest in females? Yes No
17. Does your pet have fleas? Yes No
Did your pet have fleas? Yes No
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.)? Yes No
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? Yes No Some For Awhile
24. Does your pet use food supplements or vitamins? Yes What _____ No
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 _____