

**DERMATOLOGY HISTORY FORM**

**Chief complaints:** \_\_\_\_\_

**Age and location at which pet was purchased:** \_\_\_\_\_

**Has pet been out of the area?** \_\_\_\_\_

**If yes, where?** Day Care ( ) Kennel ( ) Groomer ( ) Pet Show ( ) Vacation ( ) Other ( )

**Does pet itch, scratch, bite, lick, chew?** \_\_\_\_\_

**If so, when?** Constantly ( ) Sporadically ( ) Day ( ) Night ( ) after bath ( )

**Where?** Feet ( ) Belly ( ) Head ( ) Back ( ) Front legs ( )

Back legs ( ) Chest ( ) Other ( )

**When was problem first noticed?** \_\_\_\_\_

**How old was pet when problem first noticed?** \_\_\_\_\_

**Is problem year-round? ( ) or seasonal ( ) If seasonal, when is it worse?** \_\_\_\_\_

**Where on body did problem begin?** \_\_\_\_\_

**What did it look like then?** \_\_\_\_\_

**How has it changed or spread?** \_\_\_\_\_

**Have you noticed any odor from skin? Explain** \_\_\_\_\_

**List all other pets:** \_\_\_\_\_

**Do they have any skin problems?** \_\_\_\_\_

**If so, describe:** \_\_\_\_\_

**When did you last see fleas? Do you use any insecticides in/on pet, in house or yard? If yes, name them** \_\_\_\_\_

**Describe pet's indoor environment** \_\_\_\_\_

**What percent of time is pet indoors / outdoors** \_\_\_\_\_ % \_\_\_\_\_ %

**Describe outdoor environment** \_\_\_\_\_

**Pet's diet: Brand** \_\_\_\_\_ **Canned** \_\_\_\_\_ **Dry** \_\_\_\_\_ **Soft moist** \_\_\_\_\_

**Table/people foods** \_\_\_\_\_ **Supplements** \_\_\_\_\_ **Food additives** \_\_\_\_\_ **Other** \_\_\_\_\_

**What medications have been used? List effects and dates used.**

**Topicals (include shampoos and conditioners)** \_\_\_\_\_

**Oral:** \_\_\_\_\_

**Injections:** \_\_\_\_\_

**Other illnesses of pet and any drug reactions:** \_\_\_\_\_

**How often groomed and by whom:** \_\_\_\_\_

**What other fact do you think would be helpful?** \_\_\_\_\_