

Clients name _____

Pet's name _____

Date _____

DERMATOLOGY HISTORY FORM

1. Who referred you to Allergy and Dermatology Clinic for Animals ? Primary care veterinarian
 Yellow Pages Groomer Friend Breeder Previous client Other
2. What is the skin problem (check ALL that apply)? Itching Loss of hair Rash
 Oily skin Pimples Oozing sores "Bumps" on skin Fleas Other _____
3. How old was your pet when you OBTAINED him/her? _____
4. How old was your pet when the skin problem was **FIRST** noticed? _____
5. In the **BEGINNING** was the problem: seasonal (worse or better certain times) OR nonseasonal (SAME year round)?
6. Is the skin condition **NOW**: nonseasonal seasonal? If **SEASONAL**, when does the skin condition seem to be worse? spring summers fall winter
7. When was the last time you saw fleas or flea "dirt" on your pet? _____
8. Are there any other pets in the house? No Yes If so, what are they? (ie dog, cat , etc) _____
9. Do any other pets/people in the house have skin problems? no yes- please explain _____
10. What did the problem look like when you **FIRST** noticed it? Itching Loss of hair Rash Pimples
 "Bumps" on the skin Other _____
11. Where did the problem **START** ? Nose Muzzle Eyes Ears Neck
 Back Rump Tail Armpit Paws (top) Paws (bottom) Front legs
 Chest Back legs Stomach Groin other _____
12. Does your pet scratch, itch, rub, chew or bite excessively? No Yes. If yes, where:
 Nose Muzzle Eyes Ears Neck Back Rump Tail
 Armpit Paws (top) Paws (bottom) Front legs Chest Back legs
 Stomach Groin other _____
13. On a scale from 0 - 10 how much does your pet scratch, itch, rub, chew or bite? _____ (0= NORMAL amount for a dog/cat; 10 = NON stop)
14. If YES to number 12, which did you notice **FIRST** ? Itching Sores
15. List any medication your pet has received for the condition **IN THE LAST 30 DAYS**

I understand that because I was referred to the hospital for a skin problem, ONLY skin problems will be treated. Any other medical or surgical problem must be taken care of by your primary care veterinarian

Signature _____

Date _____