



DERMATOLOGIC HISTORY FORM

Owner's Name _____ Pet's Name _____

1. Does your pet have any allergies/adverse reactions to medications? _____
If yes, please describe _____

2. How old was your pet when obtained? _____ How old is pet now? _____
3. Where did you obtain your pet? _____
4. Has your pet been spayed or neutered? _____ If yes, when? _____
5. How old was your pet when its skin and/or ear problems began? _____
6. What did the problem look like when it started? When did it first start? What part of the body was first affected? Did it move to other areas?

7. Was the onset sudden or gradual? _____
8. Is the problem year round? _____
If no, what season does the problem seem the worst? _____
9. Grade your pet's itchiness from 1 to 10: 1= not itchy, 10= itchy all day and night _____
10. What came first- your pet's skin lesions or did you notice itchiness? _____
11. Does your pet have any ear disease? _____

12. Is your pet on flea preventative? _____ Which preventative? _____
13. Is your pet on heartworm preventative? _____ What type is it? _____
Is it flavored or chewable? _____

14. What other medications is your pet *currently* taking? Include oral pills, ear, eye, herbal, vitamin, shampoo, and spray therapies.
Please describe including name, dose, and duration _____

15. Which of these medications have helped? _____

16. What other medications has your pet received *in the past* for skin/ear problems?
Which of these helped?

17. What other pets are in the household? _____

18. Are they affected by the skin/ear problem? _____
If yes, describe how _____

19. Do any people in the home have any rashes, skin lesions, or itching? _____
If yes, please describe _____
20. How often does your pet receive a bath? _____
21. Date last bath was given _____
22. What bathing products were used? _____

23. Does your pet have any other medical problems? Please describe _____

24. What percent of time does your pet spend indoors? _____ outdoors? _____
25. Describe your pet's outdoor environment _____

26. Describe your pet's indoor environment _____

27. Has your pet ever been out of the state? _____
If yes, where? _____

28. Describe your pet's diet. Include brand, dry or canned, and duration fed.
- Pet food _____

 - Treats _____

 - Supplements _____

 - Table foods _____

 - Other _____

29. Have there been any changes in your pet's diet? _____
If yes, was the skin/ear problem affected by the change? _____
If yes, please describe _____

30. Please list any other information that you think may be helpful _____

