



PATIENT HISTORY-DERMATOLOGY

Last Name: _____ Pet's Name: _____ Date: _____

Age of pet when acquired? _____ Age of pet now? _____

How long has your pet had a skin problem? _____

Was it a gradual onset or sudden? _____

Is your pet itchy? Yes ___ No ___

If yes, where? _____

If yes, did itchiness or lesions come first? _____

Is the problem seasonal? _____ If yes, which season is worse? _____

Other pets in the environment? _____ How many of each?

Dogs ___ Cats ___ Birds ___ Rabbits ___ Rodents ___ Farm animals ___

Do any other animals have skin problems? _____ Describe the problems as best as you can.

Do any people have skin problems? _____

Describe _____

What do you use for flea control? _____

When was it last applied? _____

What dog food, treats, etc. does your pet eat?

Please list any medications, vitamins, or supplements that your pet is currently receiving.

Does your pet do any of the following?

Cough () Sneeze () Runny eyes () Vomit () Diarrhea () Limp ()

Drink excessively () Urinate excessively () Seizure ()

Additional comments: