Veterinary Skin & Allergy Specialists, PC ● Veterinary Referral Center of Colorado--Dermatology
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DERMATOLOGIC HISTORY FORM

Your pet's dermatological history is very important; please be as complete and accurate as possible. Thank you.

Pet's Name_____ **Allergies to medications**:_____

1. How old was your pet when obtained?_____

2. Where was your pet obtained? ❒Breeder ❒Pet Shop ❒Private ❒Humane Society ❒Stray
❒Other_____ State pet was born_____

3. Describe your pet's problem_____
_____
_____

4. Date problem was first noticed _____

5. Onset: ❒Sudden ❒Gradual

6. Has the problem ever been seasonal? ❒Yes ❒No
If yes, when was the problem worse? ❒Spring ❒Summer ❒Fall ❒Winter

7. Is the problem still seasonal? ❒Yes ❒No
If yes, when is the problem worse? ❒Spring ❒Summer ❒Fall ❒Winter

8. Where on your pet's body did the problem **first** begin?_____

9. What did the problem look like when it **first** began? _____
_____

10. How has the problem changed or spread? _____
_____

11. Is your pet itchy? (Itch = scratching, biting, chewing, licking, rubbing, etc.) ❒Yes ❒No
If yes, when? ❒Constantly ❒Sporadically ❒Day ❒Night

12. Where do you and your pet live? ❒City ❒Suburbs ❒Rural ❒Mountains

13. Percentage of time your pet spends: Indoors _____% Outdoors_____%

14. Describe your pet's indoor environment. _____
_____

15. Describe your pet's outdoor environment. _____
_____

16. How old is your home? _____

17. If your pet spends much time in the mountains, please estimate number of visits and amount of time spent in the mountains per visit_____
_____

18. Has your pet ever been out of your home state or the United States? ❒Yes ❒No
If yes, where has your pet traveled? _____

☺ *please complete reverse side* ✍

19. What other pets are in the household?_____

20. Are any of the other pets affected by the problem? ❒Yes ❒No

21. Do any human members of the household have skin problems ❒Yes ❒No
If yes, please describe _____

22. Does your pet have exposure to any of the following?

❒Cats	❒Dogs	❒Horses (within 1 mile)	❒Cattle (within 1 mile)
❒Tobacco Smoke	❒Perfumes	❒Sheep (within 1 mile)	❒Birds (in the home)
❒Cement	❒Jasmine plants	❒Potpourri	❒Feathers
❒Wool	❒Scented litter or ❒candles	❒Pine scented cleaner's	❒Plastic dishes

23. Are carpet deodorizers used in the home? ❒Yes ❒No

24. Describe your pet's diet (Be as specific as possible—brand & type (dry, semi-moist, canned) & duration fed
a. Commercial pet food _____
_____
b. Table foods _____
_____
c. Treats _____
_____
d. Supplements _____
_____
e. Other _____
_____

25. Have there been any changes in your pet's diet? ❒Yes ❒No
If yes, was the pet's skin problem affected by the dietary change? ❒Yes ❒No
Describe the affect to the skin _____

26. Grooming History: Frequency of brushing or combing per month _____
Frequency of baths _____
Date last bath was given _____with which shampoo_____
Conditioners/cream rinses used_____ Humectants used_____

27. What medications is your pet currently receiving? (include any ear and eye medications)
_____
_____
_____

28. What medications has your pet received for his/her skin problem in the past? Which ones helped?
_____
_____
_____

29. If applicable, what is your pet's heartworm preventative? _____

30. Reproductive history: Has your pet been neutered/spayed? ❒Yes ❒No If yes, when? _____
For non-spayed females: When was her last heat? _____ Time between cycles is _____

31. Does your pet have any other medical problems? ❒Yes ❒No
If yes, please describe _____

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

Please return this to the reception staff or dermatology technician after it is completed. Thank you.