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, on a scale of 1-10 (check one): 0□Normal Dog. Itching is not a problem. 1-2□Very mild itching. Occasional episodes itching. The dog is slightly itchier than before the problem began. 3-4□Mild itching. More frequent episodes of itching. May notice occasional episodes of itching at night. No itching when sleeping, eating, playing, exercising or when being distracted. 5-7□Moderate itching. Regular episodes of itching when the dog is awake. Itching might occur at night and wake the dog. No itching when eating, playing exercising or when being distracted. 8-9□Severe itching. Prolonged episodes of itching when the dog is awake. Itching occurs at night and when eating, playing, exercising, or when otherwise distracted. 10□Extremely severe itching. Dog is scratching, chewing, licking almost continuously. Itching practically never stops, regardless of what else is happening around the dog.

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 a dog, does he/she go to doggie day care? ☐Yes ☐No. If yes, how many times per week? ________

18. If your pet spends much time in the mountains, please estimate number of visits and amount of time spent in the mountains per visit ___________________________________________________________________
19. Has your pet ever been out of your home state or the United States? ☐ Yes ☐ No
   If yes, where has your pet traveled? ________________________________________

20. What other pets are in the household? ________________________________________

21. Are any of the other pets affected by the problem? ☐ Yes ☐ No

22. 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 ____________________________ with which shampoo_________________
   Date last bath was given ________________________ 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 by email after it is completed. Thank you.