

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 _____
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 by email after it is completed. Thank you.