



# VRCC Dermatology - Medical History

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  Human 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 was 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?  Yes  No  
**If yes, on a scale of 1-10 (check one):** 0  Normal Pet = Itching is not a problem. 1-2  Very mild itching = Occasional episodes itching. My pet 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 pet is awake. Itching might occur at night and wake pet. No itching when eating, playing exercising or when being distracted. 8-9  Severe itching = Prolonged episodes of itching when pet is awake. Itching occurs at night and when eating, playing, exercising, or when otherwise distracted. 10  Extreme severe itching = Pet is scratching, chewing, licking almost continuously. Itching practically never stops, regardless of what else is happening around pet.
12. Where do you and your pet live?  City  Suburbs  Rural  Mountains
13. Percentage of time your pet spends: **Indoors**\_\_% **Outdoors**\_\_\_\_\_%
14. Describes 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 visit 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 \_\_\_\_\_
23. Does your pet have exposure to any of the followings?  
 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
24. Are carpet deodorizers used in the home?  Yes  No
25. 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** \_\_\_\_\_  
 \_\_\_\_\_
26. 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 \_\_\_\_\_
27. 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** \_\_\_\_\_
28. What medications is your pet currently receiving? (Include any ear and eye medications) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
29. What medications has your pet received for his/her skin problem in the past? Which ones helped? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
30. If applicable, what is your pet's heartworm preventative? \_\_\_\_\_
31. 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** \_\_\_\_\_
32. Does your pet have any other medical problems?  Yes  No  
If yes, please describe \_\_\_\_\_
33. Please list any other information that you think may be helpful. \_\_\_\_\_  
 \_\_\_\_\_