

DERMATOLOGIC HISTORY

Date: _____

Owner's name _____ Pet's name _____

Age _____ Breed _____ Sex _____

Spayed or Neutered Y N

Please describe the main problem with your pet's skin, ears or nails? _____

How old was your pet when you obtained him/her? _____ Where
did you obtain your pet? _____

Do you know if any relatives of your pet have skin or ear problems? _____

Age when the problem was first noticed _____

How did the problem start: Suddenly _____ Gradually _____

Does your pet itch or lick excessively/ overgroom (cats)? Yes _____ No _____

When? Constant _____ Off and on during the day _____ When left alone _____

During the night _____

Rate itching from 1 to 10 (1= occ. itch, 10=itching continually all day/night) _____

When is the problem worse? No change with season _____

Spring _____ Summer _____ Fall _____ Winter _____

Where on your pet's body did the problem begin?

What did it look like at first?

What other pets are in the household?

Do other pets or people in the household have itching, skin problems, rash ?

Where does your pet spend most of his/her time?

For dogs only: Does your dog swim? _____ How often? _____

Do you or a groomer bathe your pet? _____ How often and with what product? _____

What shampoos, sprays, creams or ear medications/ cleaners have you used?

Which medicine worked the best?

What pills or injections have you used? Which medicine worked the best?

When was the last time fleas were seen on any of your pets?

Describe your pet's flea control- what product is used, are other pets treated at the same time, is it year round?

Describe your pet's diet (including name of food, snacks & treats)

Does your pet have other medical problems? _____

Has there been any change in your pet's behavior since the skin or ear problem started? (Ex. change in energy level, body weight, drinking, urinating, number/ firmness of bowel movements?) _____

Is your pet on any medications at present? Yes _____ No _____ Please list:

What do **you** think is the cause of your pet's skin problem?

NOTE: Please bring all pills, ear drops, creams/ ear cleaners, shampoos, sprays and any other products to the appointment- even if they are empty. Please do not bathe your pet within 5 days of the appointment or clean your pet's ears within 2 days of the appointment.

DERMATOLOGY HISTORY FOR CATS

Your Name _____ Your Cat's Name _____

Cat's Age _____ Breed _____ Sex _____

Primary concerns about your cat's skin: _____

When was this first noticed? _____

Onset rapid or gradual? _____

Does your cat groom excessively? Yes No When? Constant Sporadic Night

What part of your cat's body is most affected? _____

What time of year are the signs most severe? Spring Summer Fall Winter Always

Where does your cat spend his day? _____ % indoor _____ % outdoor

What other pets live in your household? _____

What is the name of your cat's food? _____

What treats does your cat eat? _____

What flea control do you use and how often? _____

Do all the pets receive the same flea control at the same intervals? _____

What medications is your cat taking at this time? _____

What other health problems does your cat have? _____

What previously prescribed medications have been of benefit? _____

Please share any additional information that you think of importance.

BE SURE TO BRING THE PREVIOUS MEDICATIONS, PILLS, OINTMENTS, EAR CLEANERS, SHAMPOO (EVEN IF EMPTY) TO THE CONSULTATION.