



1-877-604-8366  
www.dermatologyforanimals.com

## Patient History

Date: \_\_\_\_\_

Client: \_\_\_\_\_

Patient: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Place of adoption and age when adopted: \_\_\_\_\_

Has your pet always lived in this state? \_\_\_\_\_

My pet is coming to the dermatologist because: \_\_\_\_\_

At what age did skin or ear problems FIRST start? *Please include the earliest time that you noticed any problems, even if it was during a prior year.* \_\_\_\_\_

Is/was the problem originally worse during any time of the year? If yes, what months or seasons? \_\_\_\_\_

Please rate your pet's current level of itching on a scale of 1-10 (10 being the itchiest.) If your pet's problem varies throughout the year, please give a score at the various times.

\_\_\_\_\_

Do you know of any person or animal with a rash or itch, who is in contact with your pet?

\_\_\_\_\_

Has your pet ever been diagnosed with a resistant skin infection (i.e. MRSA)?

\_\_\_\_\_

Are there any other pets at home which your pet is exposed? This includes birds, hamsters, ferrets, the dog parks, day care, visitors, horses, stray cats, boarding facilities, grooming facilities, etc. \_\_\_\_\_

Does your pet stay at any different houses? If yes, does the skin problem worsen/improve/ or remain the same? \_\_\_\_\_

**My pet chews-rubs-licks-bites: (circle all that apply)**

Front paws     Rear paws     Chin     Eyes     Right Ear     Left Ear   
 Neck     Elbows     Back     Belly     Ankles     Armpits     Tail   
 Rump     Lowerback     Scoots rear end on ground

What kind of food does your pet eat (dry vs. canned, brand if known)? \_\_\_\_\_

Has your pet's diet ever been changed to a hypoallergenic diet? If so, how long did your pet eat this diet? Were other food, treats and flavored medications withheld during this time? \_\_\_\_\_

What kind of treats/bones do you give your pet? \_\_\_\_\_

If feline: What kind of litter does your cat use? \_\_\_\_\_

Are you currently using flea preventative for your pet? If yes-what kind and how often do you administer it? \_\_\_\_\_

Are you currently administering heartworm preventative? If yes-what kind, and do you give it year-round or seasonally? \_\_\_\_\_

Please list any medications that you have tried (or are currently using) for this problem. If possible, please list the dose and duration and note if any of the medications were used at the same time. Please include **shampoos, sprays, lotions, ear drops, ear cleansers, medications by mouth.**

Medication	Duration	Response	Side Effects

Please note if you have any difficulty:

- Bathing your pet
- Giving medications by mouth
- Applying medications
- Other:

Besides the skin problems, is your pet experiencing any other problems?

Any vomiting? If yes, how often? \_\_\_\_\_

Any diarrhea? If yes, how often? \_\_\_\_\_

Any coughing? If yes, how often? \_\_\_\_\_

Any sneezing or discharge from the nose? \_\_\_\_\_

Any discharge from the eyes? If yes, which eye? \_\_\_\_\_

Has your pet's water drinking or number of urinations per day, or amount urinating changed recently? If yes, in what way? \_\_\_\_\_

Has your pet's energy level decreased? \_\_\_\_\_

Has your pet experienced any unexpected weight loss or weight gain? \_\_\_\_\_

Thank you for spending your time to answer these questions. Please feel free to add any other information that you feel may be helpful to us in treating your pet.