



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.