

DERMATOLOGIC HISTORY-FIRST VISIT

Date: _____ Owners Name: _____ Pet's Name: _____

Age: _____ Breed: _____ Sex: _____

Spayed OR Neutered: Y N

Please describe the main issue with your pet's skin, ears or nails: _____

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

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

Age when the skin/ear issue first occurred? _____

How did the issue start? Suddenly _____ Gradually _____

Does the pet itch, lick, or groom (cats) excessively? Y N

When? Constant _____ Off & On during the day _____ When left alone _____
During the Night _____

Rate itching from 1-10 (1 occasionally to 10 continually itching all day/night) _____

When is the issue worse? _____ Seasonal? Y N

Spring: _____ Summer _____ Fall _____ Winter _____

Where on your pet's body did the issue begin? _____

What did it look like at first? _____

What other pet's are in the household? _____

Are other pets/people in the household experiencing any itching, skin problems or rash? _____

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

FOR DOGS ONLY:

Does your dog swim? Y N 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? _____

What pills or injections have you used? _____

Which medicine worked 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? Y N Is it year round? Y N

Describe your pet's diet, (include name of food, snacks, and treats)? _____

Does your pet have any other medical problems? _____

Any change in your pet's behavior since the skin or ear issue started? (Ex: Change in energy level, weight, drinking, urinating, number/firmness of bowel movements?) _____

Is your pet on any medications at present? Y N 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