



## Dermatologic History Form

Your pet's dermatological history is very important, please try to be as accurate and detailed as possible.

Pet's Name: \_\_\_\_\_ Allergies to Medication: \_\_\_\_\_

1. How old was your pet when obtained? \_\_\_\_\_

2. Where was your pet obtained?  Breeder  Pet Shop  Private  Humane 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 is 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. Has the problem changed or spread?  
\_\_\_\_\_  
\_\_\_\_\_

11. Is your pet itchy? (Itch = scratching, biting, chewing, licking, rubbing, etc.)  Yes  No  
If yes, when?  Constantly  Sporadically  Day  Night

12. Where do you and your pet live?  City  Suburbs  Rural  Hill country

13. Percentage of time your pet spends: Indoors \_\_\_\_\_% Outdoors \_\_\_\_\_%

14. Describe 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? \_\_\_\_\_ If yes, how many times per week? \_\_\_\_\_

18. Has your pet ever traveled? If yes, where has your pet traveled? \_\_\_\_\_

19. What other pets are in your household?

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20. Are any of the other pets affected by the problem?  Yes  No

21. Do any human members of the household have skin problems?  Yes  No

If yes, please describe. \_\_\_\_\_

22. Does your pet have exposure to any of the following?

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Cats          | <input type="checkbox"/> Dogs   | <input type="checkbox"/> Horses (within 1 mile) | <input type="checkbox"/> Cattle (within 1 mile) |
| <input type="checkbox"/> Tobacco smoke | <input type="checkbox"/> Perfumes   | <input type="checkbox"/> Potpourri              | <input type="checkbox"/> Birds (in home)        |
| <input type="checkbox"/> Concrete      | <input type="checkbox"/> Jasmine plants                                     | <input type="checkbox"/> Sheep (within 1 mile)  | <input type="checkbox"/> Feathers               |
| <input type="checkbox"/> Wool          | <input type="checkbox"/> Scented litter or <input type="checkbox"/> candles | <input type="checkbox"/> Pine scented cleaners  | <input type="checkbox"/> Plastic dishes         |

23. Are carpet deodorizers used in the home?  Yes  No

24. Describe your pet's diet (be as specific as possible – brand & type (dry, semi-moist, canned) & duration fed)

a. Commercial pet food

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b. Table foods

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c. Treats

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d. Supplements

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25. 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 effect to the skin \_\_\_\_\_

26. Grooming History: Frequency of brushing or combing per month \_\_\_\_\_

Frequency of baths \_\_\_\_\_; baths done at:  home  groomer  self-grooming facility

Conditioners/cream rinses used \_\_\_\_\_ Humectants used \_\_\_\_\_

27. What medications is your pet currently receiving (include any ear, eye, and herbal medications)

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28. What medications has your pet received for his/her skin problems in the past? Which ones helped?

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29. What is your pet's heartworm prevention? \_\_\_\_\_

30. Does your pet have any other medical problems?  Yes  No

31. Does your pet have any access to standing water, such as ponds?  Yes  No Does your pet hunt?  Yes  No

32. Please list any other information that you think may be helpful.

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*Please return the completed form to the reception staff or dermatology technician after it is completed. Thank you!*