DERMATOLOGY SERVICE

DERMATOLOGY HISTORY FORM

TODAY’S DATE: ________________________________

Current Veterinarian Name: _______________________ Veterinarian Address: ________________________________
Veterinarian Phone Number: ________________________________

Would you like your veterinarian to receive a letter summarizing your visits? Yes ☐ No ☐

1. How old was your pet when obtained? ________________________________

2. Where was your pet obtained? Kennel ☐ Pet Shop ☐ Private ☐

3. Describe your pet’s problem? ________________________________________

4. How long has the problem been present? ________________________________

5. Describe the skin problem as it FIRST appeared ________________________________________

6. Where on your pet’s body has the problem spread and how has it changed in appearance? ________________________________________

7. What treatments has your pet received for the skin problem? If possible, provide drug names, duration on each drug, and the effectiveness of these treatments:

   _______________________________________

   _______________________________________

8. If your pet has ear problems – is it affecting hearing? Yes ☐ No ☐
   If hearing has decreased, by what percentage has it decreased? ___________

9. Does your pet have any problems localizing sounds (i.e. when hears a sound, at first not sure where the sound has come from)? Yes ☐ No ☐

10. What medications is your pet currently receiving? ________________________________

11. Does your pet itch? Yes ☐ No ☐ If yes, when? Constantly ☐ Sporadically ☐ Night ☐
   Where on the body does your pet scratch? ________________________________

12. Is the problem now, or has it ever been, seasonal?

   If yes: Summer ☐ Winter ☐ Spring ☐ Fall ☐

13. Where do you and your pet live? City ☐ Suburban ☐ Rural ☐
14. Is the problem worse when your pet is indoors, outdoors, or is the problem not affected by this factor? __________________________

15. Has your pet ever been out of your home state or the United States? _______________________________________________________

16. How old is your home? ____________________________________________________________

17. If your pet spends much time in a different environment is the problem better or worse? __________________________

18. Do you have any other pet/animals?    Yes    □    No    □

If yes, please note the number of each and whether or not they are affected by the problem.
Cats ____________________   Dogs ____________________   Other ____________________

19. Are there any people in your household affected with skin problems?    Yes    □    No    □

20. Does your pet have any exposure to the following:

Cats   □    Wool   □    Feathers   □    Tobacco Smoke   □    Horses (within one mile)   □    Cows (within one mile)   □    Kapok (cotton-like stuffing used in furniture older than 25 years)   □

21. Describe your pet’s diet:
Commercial pet food (if possible, specify brand and type – dry, semi-moist, canned – and duration fed).
___________________________________________________________________________________________
___________________________________________________________________________________________
Table foods: _______________________________________________________________________________
Treats: _______________________________________________________________________________
Supplements: _______________________________________________________________________________

22. Have there been any changes in the diet?    Yes    □    No    □    If yes, when? __________________________
Was your pet’s skin problem affected by the dietary change?    Yes    □    No    □

23. Grooming:    Combed or brushed _________   times per month
Bathed _________ times per year   Last bath on _________ (date)   Shampoo used: _______________________________________________________________________
Please note all preparations used for routine grooming: __________________________________________

24. Medical history: Please note which of the following are normal (N), increased (I), or decreased (D)

Appetite _______   Bowel Movements _______   Water Consumption _______   Urination _______   Weight _______

Does your pet have any other medical problems?    Yes    □    No    □    If yes, please describe:
___________________________________________________________________________________________
___________________________________________________________________________________________

25. Reproductive history:    If your pet is neutered, when? __________________________
If a non-neutered female, when was her last heat cycle? __________________________
Time in-between cycles? __________________________

26. Does anyone in your household work in the human medical field? __________________________

27. Has anyone in your household ever been diagnosed with MRSA (methicillin resistant staphylococcus aureus) infection? __________________________