



**ANIMAL
CARE
CLINIC**

DERMATOLOGY HISTORY FORM

Owner Name: _____

Pet Name: _____ Date: _____

Please briefly describe your main concerns : _____

How long have these things been a problem? _____

What treatments have already been tried? _____

What does your pet eat? (please use brand names, dry vs. wet and include treats and table scraps)

How often is your pet bathed? _____

What shampoo is used (brand name is best) _____

What percentage of time does your pet spend indoors? _____ outdoors? _____

What type of bedding does your pet sleep on? _____

What type of flea control do you use? (If you use a product on the pets, please list the brand name)

Do you have other pets? _____ Are they itchy? _____

Are any people in the house itchy? _____

Have you (your pet) moved in the past year? _____

Please check all that have occurred in the past 6 months – check those that exist now:

- | | | |
|-----------------------------------------------|----------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> mildly itchy | <input type="checkbox"/> severely itchy | <input type="checkbox"/> not at all itchy |
| <input type="checkbox"/> rubs face | <input type="checkbox"/> chews feet | <input type="checkbox"/> scoots rear end |
| <input type="checkbox"/> runny eyes | <input type="checkbox"/> sneezing | <input type="checkbox"/> fleas can be seen |
| <input type="checkbox"/> worse in summer | <input type="checkbox"/> worse in winter | <input type="checkbox"/> same all year |
| <input type="checkbox"/> mostly tail/hind end | <input type="checkbox"/> mostly face/arm pits | <input type="checkbox"/> rice grains in stool |
| <input type="checkbox"/> sores seen | <input type="checkbox"/> sores before itching | <input type="checkbox"/> itching before sores |
| <input type="checkbox"/> hair loss | <input type="checkbox"/> history of ear infections | |