

Alburtis Animal Hospital

DERMATOLOGY HISTORY FORM

Please complete this form and bring it along at the time of your visit.

OWNER'S NAME _____ PET'S NAME: _____

Chief Complaint(s) _____

How old was your pet when the problem first started? _____

Was the onset: sudden _____ or gradual? _____

Is the problem continuous (year-round)? YES _____ NO _____

Does it have a seasonal pattern? YES _____ NO _____

If seasonal, when? SUMMER _____ FALL _____ WINTER _____ SPRING _____

If it is continuous, was it **ever** seasonal? YES _____ NO _____

What was the problem like **initially**? (Scales _____ Itch _____ Hair loss _____ Rash _____ Pimples _____ Redness _____ Blisters _____

Other Lesions? _____

Where did it **start**? Nose _____ Eyes _____ Ears _____ Neck _____ Back _____ Rump _____ Tail _____ Front legs _____ Front

Paws _____ Rear legs _____ Rear paws _____ Chest _____ Abdomen _____ Groin _____ Armpit _____ Other _____

Did it spread? _____; if so, *from* where _____ *to* where? _____

Does your pet scratch, rub, chew, lick, or bite any of the following areas? Nose _____ Eyes _____ Ears _____ Neck _____

Back _____ Rump _____ Tail _____ Front legs _____ Front Paws _____ Back legs _____ Back paws _____ Chest _____

Abdomen _____ Groin _____ Armpit _____

Has there been any unusual **odor** associated with the condition? YES _____ NO _____ (please describe) _____

Color change of hair? YES _____ NO _____ (please describe) _____

Color change of skin? YES _____ NO _____ (please describe) _____

Change of texture of skin or hair? YES _____ NO _____ (please describe) _____

What other pets do you have? _____

Do any other pets or people in the household have skin problems? _____

Have you seen Fleas _____ Ticks _____ Lice _____ on your pet? Not ever? _____

What flea control do you use: ON YOUR PETS _____ IN YOUR HOUSE _____?

IN YOUR YARD _____?

What brand(s) of food does your pet eat? Dry: _____ Canned: _____

Treats? _____ Vitamins or supplements? _____

Do you feed any "people food"? (please describe) _____

What type of heartworm preventative do you use? _____

How often do you bathe your pet (include professional grooming)? _____

What type of shampoo? _____ When was the last bath given? _____

Has there been a change in frequency, urgency, or volume of urination (please describe)? _____

Has there been a change in **water intake** (please describe)? _____

Has there been a change in **activity level** (please describe)? _____

Has there been a change in **behavior** (please describe)? _____

Has there been a change in **bowel habits** or **stool consistency** (please describe)? _____

Has there been a change in **appetite** (please describe)? _____

Has your pet had any **gastrointestinal problems** (vomiting, diarrhea, etc)? _____

Have you used any **home remedies** or **over-the-counter products** for this condition? _____

Did any of them improve the condition? Which ones? _____

Has your pet received **steroids** (cortisone, prednisone, depo-medrol)? [GU__"P Q"__Y j lej "qpg*u+A _____

Response: BETTER____ WORSE____ NO CHANGE____

Has your pet received **antihistamines** (benadryl, atarax, chlorpheniramine, etc.)? [GUaaa"P Q"aaaaY j lej "qpg*u+A _____

Response: BETTER____ WORSE____ NO CHANGE____

Has your pet received any **other drugs** or **treatments** (please describe)? [GUaaa"P Q"aaaaY j lej "qpg*u+A _____

Response: BETTER____ WORSE____ NO CHANGE____

Is your pet currently on any medication(s), specialty diets, topicals, or over-the-counter products for this or any other condition not already described? _____

Are there any other comments or concerns? _____

