



Dermatology History Form

1. What is the main reason for your visit? _____

2. At what age did the problem start? _____ Onset: Sudden ___ Slow _____
3. Is there a seasonal influence? No ___ Summer ___ Fall ___ Spring ___ Winter ___
4. Where on the body did the skin problems start? _____
5. What did the skin condition look like at the beginning? _____
6. Has the problem become progressively worse? _____ Describe how _____

7. Are any other pets in the household affected with a skin problem? _____
8. Are any people in the household affected with a skin problem? _____
9. Describe animal's environment: _____ Indoor% _____ Outdoor% _____
10. Have you noticed your pet: rubbing/ scooting/ chewing/ licking/ head shaking/ scratching at ears/
scratching/ grooming body excessively? Circle all that apply.
When? Constant _____ Sporadic _____ Nightly _____
11. On a scale of 1-10 (with 1 being slightly itchy and 10 being tremendously itchy) Describe how
itchy your pet is: _____
12. Has your pet had any recent or chronic digestive problems? _____
Current diet? _____
13. Previous diagnostic test for skin disease results: _____

14. Medical history- Previous non skin diseases, treatments, and results: _____

15. List any medications or supplements you have used on your pets, including shampoos,
ointments and OTC products: _____

16. Have any of the above treatments helped? If so, which ones? _____
17. Please list any current medications, including dosages: _____

18. Please list any flea control products you have used recently: _____

19. Do you bathe in between flea preventive applications? _____

20. Any other facts that you think would be helpful? _____

21. Please check if any of the following are present or have occurred in the past. (PR= Present PA= Past)

Greasy skin or coat _____ Dandruff _____ Dark Patches on skin _____ Light patches on skin _____

Thickened skin _____ Demodex (Mange) _____ Scabies _____ Ringworm _____ Open sores _____

Scabs _____ Lumps _____ Hair loss _____ Hairballs _____ Fleas _____ Ticks _____ Ear mites _____ Pimples _____