



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 problem 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 tremendously itchy, describe how itchy: _____
12. Has your pet had any recent or chronic digestive problems? _____ Current diet _____
13. Female pet: (a) age spayed? _____ (b) had abnormal or irregular cycles? _____ (c) been pregnant? _____
14. Male pet: (a) age neutered? _____ (b) are other male dogs attracted to your male dog? _____
15. Previous diagnostic test for skin disease and results: _____

16. Medical history – Previous non skin diseases, treatment, and results: _____

17. List any medications or supplements you have used on your pets, including shampoos, ointments and OTC products: _____
18. Have any of the above treatments helped? If so, which ones? _____
19. Please list any current medications, including dosages: _____
20. Please list any flea control products you have used recently: _____
21. Do you bathe in between flea preventive applications? _____
22. Any other facts that you think would be helpful _____

23. 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 _____