

# Dermatology & Allergy Clinic For Animals

## Patient History

(Circle when appropriate)

Chief Complaint: \_\_\_\_\_

Age of pet when acquired \_\_\_\_\_ Age Now \_\_\_\_\_

Where was your pet acquired? Shelter Breeder Friend Other \_\_\_\_\_

Date the problem started \_\_\_\_\_ Is the problem: Seasonal or Continuous

If the problem is continuous, was it initially seasonal? YES NO NOT SURE

What was the problem initially? HAIR LOSS RASH REDNESS Normal skin, but itchy

Where? \_\_\_\_\_

◇ Nose ◇ Ears ◇ Eyes ◇ Chest ◇ Back ◇ Neck ◇ Rump

◇ Tail ◇ Armpit ◇ Front legs ◇ Front paws ◇ Back legs ◇ Back Paws

◇ abdomen ◇ Groin ◇ Other \_\_\_\_\_

Has it spread? Y N Where? \_\_\_\_\_

What medications has your pet been given for this problem: \_\_\_\_\_

Which, if any have helped? \_\_\_\_\_

Do you have other pets? # Cats \_\_\_\_\_ #Dogs \_\_\_\_\_ Other: \_\_\_\_\_

Do your other pets have skin problems? Y N Describe: \_\_\_\_\_

Have any people in your house had skin problems recently? YES NO

Percent of time pet is indoors? \_\_\_\_\_% Outdoors? \_\_\_\_\_% Are symptoms worse in: AM PM Outside

When was your pet spayed or neutered? \_\_\_\_\_

Do any of your pets relatives have skin issues that you know of? YES NO

If yes, Describe: \_\_\_\_\_

What do you use for FLEA control? Vectra Frontline Advantage Advantix

Revolution Comfortis OTHER \_\_\_\_\_

What diet does your pet eat? \_\_\_\_\_ How long has he/she been on this diet? \_\_\_\_\_

Does your pet have any other health problems? \_\_\_\_\_

\_\_\_\_\_