



# DERMATOLOGY HISTORY FORM

School of  
Veterinary Medicine

Date: \_\_\_\_\_

Pet's name: \_\_\_\_\_ Owner's name: \_\_\_\_\_

1. What is the main reason for your visit? \_\_\_\_\_
2. How long has the problem been going on? \_\_\_\_\_
3. At what age did the problem start? \_\_\_\_\_ Onset: Sudden \_\_\_\_\_ Slow \_\_\_\_\_
4. Is there a seasonal influence? No \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Winter \_\_\_\_\_  
a. If the condition is not currently seasonal, was it ever seasonal? \_\_\_\_\_
5. Where on the body did the skin problem start? \_\_\_\_\_
6. What did the skin condition look like at the beginning? \_\_\_\_\_
7. Has the problem become progressively worse? \_\_\_\_\_ Describe how. \_\_\_\_\_  
\_\_\_\_\_
8. Do you have other pets? \_\_\_\_\_ Are they affected with a skin problem? \_\_\_\_\_
9. Does your pet come into contact with other animals (dog park, free-roaming, etc.)? \_\_\_\_\_
10. Are any people in the household affected with a skin problem? \_\_\_\_\_
11. Describe animal's environment: \_\_\_\_\_ Indoor % \_\_\_\_\_ Outdoor % \_\_\_\_\_
12. 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 \_\_\_\_\_
13. On a scale of 1-10 with 0 being not itchy and 10 tremendously itchy, describe how itchy: \_\_\_\_\_
14. Has your pet had any recent or chronic digestive problems (diarrhea, vomiting, loose stool, excessive gas)? \_\_\_\_\_ Current diet \_\_\_\_\_
15. Female pet: (a) age spayed? \_\_\_\_\_ (b) had abnormal or irregular cycles? \_\_\_\_\_ (c) been pregnant? \_\_\_\_\_
16. Male pet: (a) age neutered? \_\_\_\_\_ (b) are other male dogs attracted to your male dog? \_\_\_\_\_
17. Previous diagnostic tests for skin disease and results: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
18. Medical history – Previous non skin diseases, treatment, and results: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
19. List any medications or supplements you have used on your pet, including shampoos, ointments, and OTC products, along with the dates of use: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
20. Have any of the above treatments helped? \_\_\_ If so, which ones? \_\_\_\_\_
21. Please list any current medications, including dosages: \_\_\_\_\_  
\_\_\_\_\_

**PLEASE TURN PAGE TO CONTINUE**

22. Please list any flea control products you have used recently, and when they were last given:  
a. for your pet: \_\_\_\_\_ b. for the other pets in the household: \_\_\_\_\_
- 23.