



VETERINARY DERMATOLOGY HISTORY FORM

To be completed prior to Initial Dermatology Exam

Date of Initial Dermatology Exam _____ Pet's Name _____ Your Name(s) _____

1. How long have you had your pet? _____ Age of your pet today? _____
2. What dermatology problem brings you and your pet here? _____
3. When did this problem first start? and what was it like initially? _____
4. Has the problem been constant? _____ or initially seasonal? _____ or always seasonal? _____
5. Is there a time of day or year when the problem is less severe or less intense? _____
6. Where on the body did the problem start? _____
7. What areas of the body are affected currently: _____
8. **If** your pet is itchy (scratches, rubs, chews, licks, or bites), please rate on a scale from 1 to 10: _____
 Very comfortable with Extremely uncomfortable only minutes/day itching with hours/day itching
9. Please list the species of any other household pets: _____ do they have skin problems: _____
10. Do any humans in the household have skin problems that have coincided with your pet's? _____
11. How much time does your pet spend indoors? _____ Outdoors? _____ Activities: _____
12. Is your pet regularly exposed to any of the following:
 Wool Feathers and/or Birds Dirt/soil Trees Grass Ants Mosquito Cat(s) Dog(s)
Does your pet swim? Yes No
Where does your pet swim? _____ Frequency? _____
13. What type of flea control does your pet receive? _____ Frequency of use: _____
Previous date of use? _____ Do your other pets receive flea control and what type? _____
14. When was your pet's last bath? _____ Frequency/Shampoo used? _____
15. Please list **ALL** your pet's current topical/ear medications (shampoos, wipes, sprays, ointments, cleaners):

16. Please list **ALL** of your pet's current topical/ear medications (shampoos, wipes, sprays, ointments, cleaners):

17. Which (if any) previous or current medications helped your pet with this problem? Please list/explain:

18. What is your pet's current diet? *Include treats, pill pockets, bones/rawhides, table scraps, food off floor*

19. What protein sources/foods has your pet had previously? (example: beef, chicken, venison, pork, fish, eggs, dairy, peanut butter)

Any prior Veterinarian directed exclusive prescription food trial? _____

With what diet? _____ When? _____ How long? _____

20. Please list your pet's other medical conditions:

21. Does your pet have any known drug allergies or previous reactions to vaccines or medications? (please list)

22. Has your pet always lived in the Bay Area? _____

Any travel outside of CA? Yes No

Where? _____