

DERMATOLOGIC HISTORY

Today's Date: _____

Client: _____ Patient: _____

Age: _____ Breed: _____ Sex _____ Spayed/Neutered: Y / N

CHIEF COMPLAINT(S): _____

Age the pet was obtained: _____ From Where: _____

Onset: Sudden _____ Slow _____

Does the animal itch? Yes _____ No _____ When? Constant _____ Sporadic _____ Night _____

Is there a seasonal influence? No _____ Spring _____ Summer _____ Fall _____ Winter _____

Where on the body did the problem begin? _____

What did it look like initially? _____

What other animals are in the household? Describe _____

Do other animals or people in the household have skin problems, rash? _____

Describe the animal's indoor environment, time(%): _____

Describe the animal's outdoor environment, time(%): _____

What diagnostic tests have been performed? _____

What topical treatment has been used? Success? _____

What oral or injectable treatment(s) has been used? Success? _____

When was the last time fleas were seen on any of the pets? _____

Describe flea control? _____

Animal's diet (including snacks & treats): _____

Medical history: previous diseases, treatments, results: _____

Is the animal on any medications at present? Yes _____ No _____ Which ones? _____

What other facts do you think would be helpful? _____
