



DERMATOLOGY HISTORY

Owner _____ Pet's Name _____ Date _____

What symptoms prompted this visit? _____

PAST HISTORY

1. How long have you *owned* this pet? _____
2. From what *source* did you get this pet? _____
 (*breeder, pet shop, pound, Humane Society, other*)
3. Past illness or injury _____
4. When was the last "Distemper" vaccine given? _____
5. Approximately what date did the itching and scratching first start? _____

PRESENT HISTORY

- | | | | |
|-----|---|---------------------------------|--|
| GEN | 1. Is your pet's attitude: | <input type="checkbox"/> Alert | <input type="checkbox"/> Depressed |
| | 2. Is your pet's weight: | <input type="checkbox"/> Stable | <input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing |
| M-S | 3. Does this pet limp or have any gait abnormalities? | <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| | 4. Does this pet cough? | <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| | 5. Does this pet sneeze? | <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| | 6. Does this pet have post nasal drip? | <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| | 7. Does this pet's nose run? | <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| | 8. Does this pet have difficulty breathing? | <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| C-W | 9. Does this pet fatigue easily? | <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| | 10. Does this pet have any weaknesses? | <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| G-I | 11. Is this pet's <i>appetite</i> : | <input type="checkbox"/> Normal | <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Selective |
| | 12. Diet: <i>Dry</i> <i>Canned</i> <i>Semi-Moist</i> Brand _____ | | |
| | Other food _____ Treats _____ | | |
| | What did your pet eat over the last 48 hours? _____ | | |
| | Has the diet been changed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | If so, how? _____ | | |
| | 13. Is this pet's <i>water consumption</i> : | <input type="checkbox"/> Normal | <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Unknown |
| | 14. Does this pet vomit? | <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| | 15. Are this pet's bowel movements: | <input type="checkbox"/> Normal | <input type="checkbox"/> Hard <input type="checkbox"/> Diarrhea |
| | 16. Does this pet <i>scoot</i> his rear on the floor? | <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| G-U | 17. Does this pet urinate in the middle of the night? | <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| | 18. Sexual status of this pet? | <input type="checkbox"/> Intact | <input type="checkbox"/> Neutered |
| | 19. If female, is she <i>pregnant</i> ? | <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| | 20. If female, has she ever had a <i>false pregnancy</i> ? | <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| | 21. If intact female, are her <i>heat cycles</i> regular? | <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| | 22. If intact female, what is the <i>interval</i> between heat cycles? _____ | | |
| | 23. Is the <i>volume of urination</i> : | <input type="checkbox"/> Normal | <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Unknown |
| | 24. Is the <i>frequency of urination</i> : | <input type="checkbox"/> Normal | <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Unknown |
| N | 25. Does this pet have a <i>nervous</i> temperament? | <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| | 26. Does this pet have any abnormal behavior? | <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| | If so, explain _____ | | |
| | 27. Is this pet easily excited? | <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| | If so, explain _____ | | |
| | 28. Is this pet destructive? | <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| | If so, explain _____ | | |
| EYE | 29. Is there any discharge from the eyes? | <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |
| | 30. Are there any problems with vision? | <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown |

- EAR
- | | | | |
|---|-----------------------------|------------------------------|----------------------------------|
| 31. Does this pet shake its head frequently? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
| 32. Does this pet scratch at its ears frequently? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
| 33. Is there an odor from the ears? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
| 34. Is there any problems with hearing? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |

ENVIRONMENTAL HISTORY

- | | | | |
|---|---------------------------------|----------------------------------|----------------------------------|
| 1. Does this pet live: | <input type="checkbox"/> Inside | <input type="checkbox"/> Outside | <input type="checkbox"/> Both |
| 2. Is this pet allowed on the beds and furniture? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
| 3. Does this animal like to sleep in places that are: | <input type="checkbox"/> Cool | <input type="checkbox"/> Warm | |
| 4. Does your home have a <i>forced air</i> heat? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| 5. Does your home have <i>air conditioning</i> ? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| 6. Does your home have a <i>humidifier</i> ? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
7. What kind of *carpeting* do you have? _____
8. What is your *pet's bed (bedding)* made of? _____
9. Around your home, what are the prominent:
- | | |
|----------------------|-------------------------|
| <i>Grasses</i> _____ | <i>Shrubs</i> _____ |
| <i>Trees</i> _____ | <i>Farm crops</i> _____ |
10. How often do you bathe your pet? _____
11. What kind of *shampoo* do you use on your pet? _____
12. What kind of *conditioners* are used? _____

MISCELLANEOUS HISTORY

- | | | | |
|--|-----------------------------|------------------------------|----------------------------------|
| 1. Do the <i>parents or siblings</i> have a skin problem? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
| 2. Do you have <i>other pets</i> ? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| 3. If yes, do your other pets have a similar problem? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
| 4. Do any <i>humans</i> in your household have a skin problem? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |

PRESENT SKIN CONDITION

- | | | | |
|--|-----------------------------|------------------------------|----------------------------------|
| 1. Is this the first time your pet has had a skin problem? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
|--|-----------------------------|------------------------------|----------------------------------|
2. *Date of onset* of present skin problem _____
3. *Age* of animal at *onset* of present skin problem _____
- | | | | |
|--|-------------------------------|--------------------------------|--|
| 4. Was the <i>onset</i> of the skin problem: | <input type="checkbox"/> Slow | <input type="checkbox"/> Rapid | |
|--|-------------------------------|--------------------------------|--|
- | | | | |
|--|-----------------------------|------------------------------|----------------------------------|
| 5. Does the skin problem <i>itch</i> ? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
|--|-----------------------------|------------------------------|----------------------------------|
- (i.e. is there excessive licking, biting, scratching, or chewing of the skin)
6. If it does itch, answer the following:
- | | | | |
|--|-----------------------------|------------------------------|----------------------------------|
| a. Is the itch severe? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
| b. How many times daily does your pet itch? _____ | | | |
| c. Does the animal itch excessively over the entire body? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
| d. Where on the body does the animal itch? _____ | | | |
| e. Does the animal rub the face/nose on the carpet or elsewhere (other than after eating)? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
| f. Does your pet chew its paws frequently? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
| g. Does your pet stay awake at night itching? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
- | | | | |
|---------------------------------------|---------------------------------------|-----------------------------------|---|
| 7. Are the symptoms: | <input type="checkbox"/> Non-seasonal | <input type="checkbox"/> Seasonal | <input type="checkbox"/> Unknown |
| 8. If seasonal, during which seasons? | <input type="checkbox"/> Winter | <input type="checkbox"/> Spring | <input type="checkbox"/> Summer <input type="checkbox"/> Fall |
- | | | | |
|--|-----------------------------|------------------------------|----------------------------------|
| 9. Have any of your pets had <i>fleas</i> , lice, ticks, or other external parasites within the last year? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
|--|-----------------------------|------------------------------|----------------------------------|
10. What *area* of the body was involved *first*? _____
11. What area of the body was involved *next*? _____
12. What was the initial appearance of the involved skin? _____
13. Describe the changes of the involved skin as time went on: _____
14. What *aggravates* the condition? _____
15. What *improves* the condition? _____
16. What do *you think* caused the problem? _____
17. Treatments used:
- | | |
|-------------------------|---------------------|
| <i>Internally</i> _____ | <i>Result</i> _____ |
| _____ | _____ |
| <i>Externally</i> _____ | <i>Result</i> _____ |
| _____ | _____ |