



DERMATOLOGY HISTORY FORM

New Recheck

Date: _____ Time: _____

PART I: Please use the line below each question to explain or comment about your answer

	YES	NO	?
1. Does the skin condition seem better or worse during any specific season? Which? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do other pets in your household have skin problems? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do any relatives of your pet have skin problems? Which? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do any people in your household have skin problems? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If your pet is female: Has she been spayed? If yes, please skip to question #6. Are there irregular or abnormal heat cycles? Has she ever been pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If your pet is male: Has he been neutered? If yes, please skip to question #7. Does he have a normal interest in females?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is there any condition or environment that makes the skin problem noticeably worse? (i.e., being outside? Walking on grass? The day you vacuum? Etc....)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has your pet experienced vomiting or disagreement with certain foods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has your pet ever seemed ill from his skin disease (depressed, fever, not eating...)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Regarding your pet's stool: Have there been any changes to the character of the stool? How many times a day does your dog have a bowel movement? _____ What is the stool consistency? <input type="checkbox"/> Firm & formed <input type="checkbox"/> Soft & formed <input type="checkbox"/> Loose diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Where does your pet spend most of his time? <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Other, specify: _____			

12. Please check all environments your pet has access:

<input type="checkbox"/> Your fenced yard <input type="checkbox"/> Doggy Daycare <input type="checkbox"/> Dog park	<input type="checkbox"/> Another fenced area, specify: <input type="checkbox"/> City sidewalks <input type="checkbox"/> City parks	<input type="checkbox"/> Ponds/lakes/rivers/oceans <input type="checkbox"/> Open country fields <input type="checkbox"/> Wooded areas/forests
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<input type="checkbox"/> Groomer	<input type="checkbox"/> Kennel/boarder facility	<input type="checkbox"/> Other, specify:
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PART II: Check any of the following that are now present, or have been present previously, relating to your pet's skin:

<input type="checkbox"/> Scratching <input type="checkbox"/> Biting <input type="checkbox"/> Licking <input type="checkbox"/> Rubbing face on floor/furniture <input type="checkbox"/> Scratching ears <input type="checkbox"/> Shaking head <input type="checkbox"/> Dry skin or coat	<input type="checkbox"/> Greasy skin or coat <input type="checkbox"/> Scaly skin (dandruff) <input type="checkbox"/> Crusty skin <input type="checkbox"/> Reddening of skin <input type="checkbox"/> Pimples <input type="checkbox"/> Bumps on skin	<input type="checkbox"/> Oozing sores <input type="checkbox"/> Open, bleeding sores <input type="checkbox"/> Hair loss <input type="checkbox"/> Darkening of skin <input type="checkbox"/> Lightening of skin <input type="checkbox"/> Thickening of skin <input type="checkbox"/> Fleas
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PART III:

	YEARS	MONTHS	DAYS
1. How long has your pet had a skin problem?			
2. Age of pet when obtained:			
3. Age when skin problem started:			

4. Where on the body did the problem start: _____

5. What did it look like initially? _____

6. How has it spread or changed? _____

7. If your pet is scratching, did you notice the itching or the skin lesions first? Itching Lesions

8. Medications:

a. List any medication your pet has received for the condition, including pills, shampoos, lotions, ointments, dips, etc (now and previously):

b. Have any of these helped? Yes No If yes, which ones? _____

c. Which medications, if any, is your pet currently receiving, including flea control, heartworm preventative and any supplements? (list name, dosage and frequency): _____

d. Do you bathe your pet? Yes No If yes, with what and how frequently? _____

9. Any other thoughts you have relating to the skin disease (i.e. what do YOU think may be the cause of the skin problem?) _____
