



## DERMATOLOGIC HISTORY

DATE \_\_\_\_\_

PET'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

Chief Complaint(s) \_\_\_\_\_

Age when problem was first noticed? \_\_\_\_\_ Onset Sudden \_\_\_\_\_ Slow \_\_\_\_\_

Is there a seasonal influence? No \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_ Winter \_\_\_\_\_

Where on the body did the problem begin? \_\_\_\_\_

What did it look like? \_\_\_\_\_

Does your pet itch? Yes \_\_\_\_\_ No \_\_\_\_\_ When? Constant \_\_\_\_\_ Sporadic \_\_\_\_\_ Night \_\_\_\_\_

Is there any exposure to other animals? (Your own, neighbors, etc) \_\_\_\_\_

Do other animals or people in the household have skin problems? Rash? \_\_\_\_\_

Describe the animal's environment, time (%) \_\_\_\_\_

Describe the animal's outdoor environment, time (%) \_\_\_\_\_ Fenced or runs free \_\_\_\_\_

What does the animal sleep on? \_\_\_\_\_

What diagnostic tests have been performed? \_\_\_\_\_

What topical treatments have been used? \_\_\_\_\_

Success? \_\_\_\_\_

What oral or injectable treatments have been used? \_\_\_\_\_

Success? \_\_\_\_\_

Do you have any thoughts as to the cause? What makes it worse? \_\_\_\_\_

When was the last time you saw fleas on any of your pets? \_\_\_\_\_

Describe the type of flea control used? \_\_\_\_\_

Animal's diet (including snacks and treats) \_\_\_\_\_

Reproductive history; age of neutering? \_\_\_\_\_ Date, duration of last estrus? \_\_\_\_\_

Medical history; previous diseases, treatments, results? \_\_\_\_\_

Is the animal currently on medications? If so, which ones? \_\_\_\_\_

What other facts do you think would be helpful to Dr. Vitale? \_\_\_\_\_

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