

## Dermatology History Form

Client: \_\_\_\_\_ Date: \_\_\_\_\_

Pet: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_

### History

Age of Onset of Clinical Signs: \_\_\_\_\_

**Relevant Clinical Signs:**

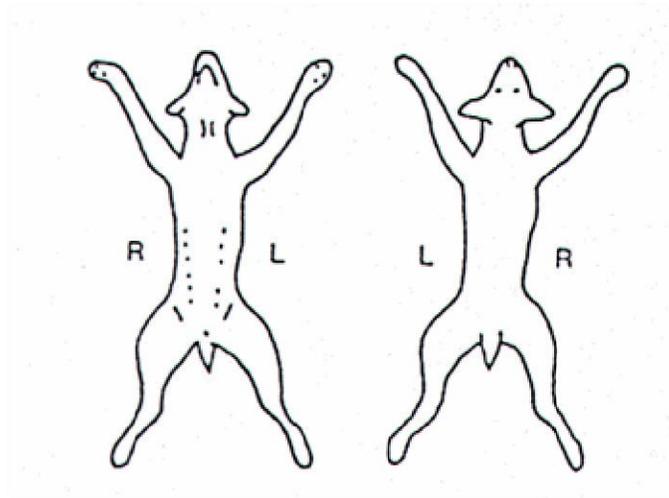
Itching \_\_\_\_\_ Thickened skin \_\_\_\_\_ Odour \_\_\_\_\_

Oily skin \_\_\_\_\_ Hair Loss \_\_\_\_\_ Other \_\_\_\_\_

Dry skin \_\_\_\_\_ Redness \_\_\_\_\_

Dandruff \_\_\_\_\_ Rash \_\_\_\_\_

**AREA INVOLVED:**



**WHEN ARE THE SIGNS WORST:**

SPRING \_\_\_\_\_ SUMMER \_\_\_\_\_ AUTUMN \_\_\_\_\_ WINTER \_\_\_\_\_ NOT SEASONAL \_\_\_\_\_

DOES THE ANIMAL ITCH (rub, chew, lick, bite) YES \_\_\_\_\_ NO \_\_\_\_\_

**WHEN DOES IT ITCH:**

CONSTANTLY \_\_\_\_\_ SPORADICALLY \_\_\_\_\_ AT NIGHT \_\_\_\_\_

**WHERE DOES IT ITCH:**

NOSE \_\_\_\_\_ MUZZLE \_\_\_\_\_ EYES \_\_\_\_\_ EARS \_\_\_\_\_

PAWS \_\_\_\_\_ NECK \_\_\_\_\_ ARM PITS \_\_\_\_\_ GROIN \_\_\_\_\_

FRONT LEGS \_\_\_\_\_ BACK LEGS \_\_\_\_\_ CHEST \_\_\_\_\_ BACK \_\_\_\_\_

RUMP \_\_\_\_\_ TAIL \_\_\_\_\_ ABDOMEN \_\_\_\_\_

**DO ANY OTHER PETS/PEOPLE IN THE HOUSEHOLD HAVE A SKIN PROBLEM:**

YES \_\_\_ NO \_\_\_ IF YES, DESCRIBE \_\_\_\_\_

PERCENT OF TIME PET IS INDOORS \_\_\_\_\_ OUTDOORS \_\_\_\_\_

ARE SYMPTOMS WORSE INDOORS \_\_\_\_\_ OUTDOORS \_\_\_\_\_ NIGHT \_\_\_\_\_ MORNING \_\_\_\_\_

**FLEAS PRESENT:**

YES \_\_\_\_\_ NO \_\_\_\_\_ DID HAVE \_\_\_\_\_

**FLEA CONTROL:** \_\_\_\_\_

**APPLICATION FREQUENCY:** \_\_\_\_\_

**ANY OTHER PARASITES:**

TICKS \_\_\_\_\_ FLIES \_\_\_\_\_ OTHER \_\_\_\_\_

**WORMING HISTORY:** \_\_\_\_\_

**MEDICATIONS:**

CURRENT \_\_\_\_\_ RECENT \_\_\_\_\_

**DID MEDICATIONS HELP OR CURE THE PROBLEM:**

YES \_\_\_\_\_ NO \_\_\_\_\_ SOME IMPROVEMENT \_\_\_\_\_ FOR A WHILE \_\_\_\_\_

**REGULAR DIET:**

CANNED FOOD \_\_\_\_\_ DRY \_\_\_\_\_

TABLE SCRAPS \_\_\_\_\_ OTHER \_\_\_\_\_

**OTHER SYMPTOMS:**

COUGH \_\_\_\_\_ SNEEZE \_\_\_\_\_ WATERY EYES \_\_\_\_\_

VOMITING \_\_\_\_\_ DIARRHOEA \_\_\_\_\_ POOR APPETITE \_\_\_\_\_

EXCESSIVE APPETITE \_\_\_\_\_ SHAKE HEAD \_\_\_\_\_ OTHER \_\_\_\_\_

**ANY RECENT/OTHER ILLNESSES:** \_\_\_\_\_

**OTHER INFORMATION:** \_\_\_\_\_

\_\_\_\_\_