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DERMATOLOGY HISTORY

Client _____ Patient _____

Age ____ Breed _____ Sex ____ Spayed or Neutered Y N

Today's Date _____

CHIEF COMPLAINT (S)

Age your pet was obtained _____ From where _____

Age when problem 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 then?

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

Please rate the degree of itching from 0-10, with 10 being constant itching day and night, and 0 an occasional itch or scratch

What other animals do you own? 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 does the animal sleep on?

What diagnostic tests have been performed?

What topical treatment has been used? Success?

What oral or injectable treatment(s) has 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 your flea control

Date of last application _____

Animal's diet (including snacks & treats)

Reproductive history: age of neutering? _____ Date, duration of last estrus _____

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?
