

Kenai Veterinary Hospital

10976 Kenai Spur Hwy
Kenai, Alaska 99611
907-283-4148
www.kenaveterinaryhospital.com

Dermatology Otology History Form

Client name:

Pet name:

How long have you owned your pet?

Pet's date of birth:

Has your pet lived outside of Alaska? Yes No

If yes, where & when?

How old was your pet when its skin or ear problems began?

What was the initial problem? (check all that apply)

itchy skin rash redness hair loss ear infections

What areas of the body were initially affected? (check all that apply)

nose neck chest front legs tail
around eyes back abdomen back legs genital area
ears rump groin paws (nails, toes, footpads)

Have they been continuous or intermittent?

Has the problem spread or worsened? Yes No

If yes, where has it spread?

At what time of the year did the problem start?

Is the problem present year round or worse at a particular time of the year?

all year spring summer fall winter

Does your pet lick, scratch, chew or bite excessively at any of the following areas?
(check all that apply)

nose neck chest front legs tail
around eyes back abdomen back legs genital area
ears rump groin paws lips

Do you have other pets or farm animals? Yes No If yes, please list.

If you have other pets, do they have skin problems? (explain briefly)

Do any people in the house have skin problems? (explain briefly)

Amount of time pet spends indoors % outdoors %

Are the symptoms worse indoors or outdoors?

Is there a time of day when the symptoms seem worse?

Please list any medications, shampoos, and other products, oral and topical, from a veterinarian or over the counter/online, that you have used on your pet for this problem. * the ones you feel have helped.

Do you use any flea, tick, or heartworm control or routine insecticides? Yes No If yes, please list:

Please list your pet's primary diet and any treats, chews, or vitamins they receive (use exact names if possible).

Has your pet traveled out of state with you? Yes No

If yes, where, how often, and what time of year?

Where does your pet sleep?

What kind of bedding is used?

Does your dog attend doggy day care or stay with a pet sitter? Yes No

If yes, how often?

Has your pet been diagnosed with any other medical conditions? Yes No

What condition?

Is your pet receiving any medication for this condition? Yes No

If yes, please list:

Has any blood work been recently completed on your pet? Yes – please bring a copy No

Has your pet recently had any of the following symptoms? (check any that apply)

coughing	runny eyes	vomiting
decreased activity	excessive thirst	excessive urination
diarrhea	loss of/or decreased appetite	other (please explain below)

Additional comments: