

BROOKVIEW ANIMAL HEALTH CENTER DERMATOLOGY HISTORY FORM

Please complete this form, you may use reverse side if more space is needed.

Owner _____ Pet's name _____ Date _____

1. What is the skin problem? ☐ Itching ☐ Hair Loss ☐ Rash ☐ Redness ☐ Sores ☐ Oily Skin
☐ Dry Skin ☐ Dandruff ☐ Odor ☐ Other _____

2. At what age did you first notice the problem?

3. Is the problem year round? ☐ Yes ☐ No ☐ Unknown

4. Is the problem worse any time of the year? ☐ Spring ☐ Summer ☐ Fall ☐ Winter

5. What did the problem look like when it first started? ☐ Itching ☐ Hair Loss ☐ Rash ☐ Redness
☐ Other _____

6. Where did it start? ☐ Nose ☐ Eyes ☐ Ears ☐ Neck ☐ Back ☐ Rump ☐ Tail ☐ Legs ☐ Paws
☐ Chest ☐ Stomach ☐ Groin (Check all that apply)

7. Has it spread? ☐ Yes ☐ No If yes, where? _____

8. Does your pet scratch, rub, chew lick or bite? ☐ Yes ☐ No

9. Where does your pet itch? ☐ Eyes ☐ Ears ☐ Neck ☐ Back ☐ Rump ☐ Tail ☐ Legs ☐ Paws
☐ Chest ☐ Stomach ☐ Groin (Check all that apply)

10. Was itching the first thing noticed? ☐ Yes ☐ No if no, what was? _____

11. What is the intensity of the itching? ☐ Mild ☐ Moderate ☐ Severe ☐ Constant

12. How long have you had your pet? _____

13. Do you have other pets? ☐ Yes ☐ No If yes, what kind? _____

14. Do any of them have skin problems too? _____

15. Do any people in the household have skin problems too? ☐ Yes ☐ No what kind? _____

16. Percent of time you pet is: Indoors _____ Outdoors _____

17. Describe your pet's indoor environment (bedding, rugs, sleeping location) _____

18. Describe you pet's outdoor environment (yard, vegetation, kennel, and garage) _____

19. Has your pet been out of his/her normal area (vacation, boarding kennel) ☐ Yes ☐ No?

Where _____ When _____

20. Does your pet go to a groomer? ☐ Yes ☐ No how often? _____

21. Does your pet/pets have fleas? ☐ Yes ☐ No ☐ Did have

22. Are there any other parasite problems? ☐ Ticks ☐ Flies ☐ Mites ☐ Worms

23. What products do you use for flea preventative? _____

24. What medications have been used (shots, pills, ointments, drops etc.) for the skin problem?

Medication	How much?	How often?	Did it help?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

25. What shampoos and rinses have been used? _____

26. What type and brand of food do you feed your pet? _____

27. Does your pet have any of the following? ☐ Cough ☐ Sneeze ☐ Runny Nose ☐ Runny eyes
 ☐ Vomiting ☐ Excessive Appetite ☐ Increased Water Intake ☐ Change in urination ☐ Activity

28. Has your pet had any drug reactions or other illnesses? _____

29. Other current medication (include heartworm, supplements, vitamins) _____