



# DERMATOLOGY HISTORY FORM

School of  
Veterinary Medicine

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

Pet's name: \_\_\_\_\_ Owner's name: \_\_\_\_\_

1. What is the main reason for your visit? \_\_\_\_\_
2. How long has the problem been going on? \_\_\_\_\_
3. At what age did the problem start? \_\_\_\_\_ Onset: Sudden \_\_\_\_\_ Slow \_\_\_\_\_
4. Is there a seasonal influence? No \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Winter \_\_\_\_\_  
a. If the condition is not currently seasonal, was it ever seasonal? \_\_\_\_\_
5. Where on the body did the skin problem start? \_\_\_\_\_
6. What did the skin condition look like at the beginning? \_\_\_\_\_
7. Has the problem become progressively worse? \_\_\_\_\_ Describe how. \_\_\_\_\_  
\_\_\_\_\_
8. Do you have other pets? \_\_\_\_\_ Are they affected with a skin problem? \_\_\_\_\_
9. Does your pet come into contact with other animals (dog park, free-roaming, etc.)? \_\_\_\_\_
10. Are any people in the household affected with a skin problem? \_\_\_\_\_
11. Describe animal's environment: \_\_\_\_\_ Indoor % \_\_\_\_\_ Outdoor % \_\_\_\_\_
12. Have you noticed your pet rubbing/scooting/chewing /licking/head shaking/scratching at ears/scratching/grooming body excessively? Circle all that apply. When?  
Constant \_\_\_\_\_ Sporadic \_\_\_\_\_ Nightly \_\_\_\_\_
13. On a scale of 1-10 with 0 being not itchy and 10 tremendously itchy, describe how itchy: \_\_\_\_\_
14. Has your pet had any recent or chronic digestive problems (diarrhea, vomiting, loose stool, excessive gas)? \_\_\_\_\_ Current diet \_\_\_\_\_
15. Female pet: (a) age spayed? \_\_\_\_\_ (b) had abnormal or irregular cycles? \_\_\_\_\_ (c) been pregnant? \_\_\_\_\_
16. Male pet: (a) age neutered? \_\_\_\_\_ (b) are other male dogs attracted to your male dog? \_\_\_\_\_
17. Previous diagnostic tests for skin disease and results: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
18. Medical history – Previous non skin diseases, treatment, and results: \_\_\_\_\_  
\_\_\_\_\_
19. List any medications or supplements you have used on your pet, including shampoos, ointments, and OTC products, along with the dates of use: \_\_\_\_\_  
\_\_\_\_\_
20. Have any of the above treatments helped? \_\_\_ If so, which ones? \_\_\_\_\_
21. Please list any current medications, including dosages: \_\_\_\_\_  
\_\_\_\_\_

**PLEASE TURN PAGE TO CONTINUE**

22. Please list any flea control products you have used recently, and when they were last given:  
 a. for your pet: \_\_\_\_\_ b. for the other pets in the household: \_\_\_\_\_
23. Any other facts that you think would be helpful \_\_\_\_\_

24. Help us identify which of the listed medications your pet has taken and rate their effectiveness. Check 'YES' if given, and rate how much they helped.

Treatment of Medication	Given?			Helped?		
	YES	NO	NOT SURE	Yes, a lot	Some	Did not help
Steroids pills or shots (cortisone, prednisone, Temaril P, dexamethasone)						
Cyclosporine (Atopica, Cyclavance)						
Antihistamines (Zyrtec, Benadryl, etc)						
Apoquel or Zenrelia						
Cytopoint injection						
Antibiotics						
Antifungal (Ketoconazole etc)						
Allergy shots (allergy vaccine) or drops						

25. Please check if any of the following are present or have occurred in the past.  
 PR = present PA = past

Greasy skin or coat \_\_\_\_\_ Dandruff \_\_\_\_\_ Dark patches on skin \_\_\_\_\_  
 Light patches on skin \_\_\_\_\_ Thickened skin \_\_\_\_\_ Demodex (mange) \_\_\_\_\_  
 Scabies \_\_\_\_\_ Ringworm \_\_\_\_\_  
 Open sores \_\_\_\_\_ Scabs \_\_\_\_\_ Lumps \_\_\_\_\_ Hair Loss \_\_\_\_\_  
 Hairballs \_\_\_\_\_ Fleas \_\_\_\_\_ Ticks \_\_\_\_\_  
 Ear mites \_\_\_\_\_ Pimples \_\_\_\_\_