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### Dermatology History Form

Date \_\_\_\_\_

Owner \_\_\_\_\_ Animal's Name \_\_\_\_\_

Animal's Age \_\_\_\_\_ Sex \_\_\_\_\_ Breed \_\_\_\_\_

1. What is the skin problem?

Itching \_\_\_\_\_ Loss of Hair \_\_\_\_\_ Rash \_\_\_\_\_

Oily Skin \_\_\_\_\_ Dry Skin \_\_\_\_\_ Dandruff \_\_\_\_\_

Redness \_\_\_\_\_ Odor \_\_\_\_\_ Other \_\_\_\_\_

2. At what age did you first notice problem? \_\_\_\_\_

3. Are the symptoms worse any time of year?

Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_ Winter \_\_\_\_\_

4. What did problem look like when it first started?

Itching \_\_\_\_\_ Hair Loss \_\_\_\_\_ Rash \_\_\_\_\_

Pimples \_\_\_\_\_ Redness \_\_\_\_\_ Other \_\_\_\_\_

5. Where did it start? Nose \_\_\_\_\_ Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Neck \_\_\_\_\_

Back \_\_\_\_\_ Tail \_\_\_\_\_ Rump \_\_\_\_\_ Legs \_\_\_\_\_ Paws \_\_\_\_\_

Chest \_\_\_\_\_ Abdomen \_\_\_\_\_ Groin \_\_\_\_\_

6. Has it spread? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, where? Explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Does your pet scratch, rub, chew, lick or bite? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where?

Nose \_\_\_\_\_ Muzzle \_\_\_\_\_ Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Neck \_\_\_\_\_ Back \_\_\_\_\_

Rump\_\_\_\_\_ Tail\_\_\_\_\_ Chest\_\_\_\_\_ Front Legs\_\_\_\_\_ Back Legs\_\_\_\_\_

Paws\_\_\_\_\_ Abdomen\_\_\_\_\_ Axilla (arm pit)\_\_\_\_\_ Groin\_\_\_\_\_

8. Was itching the first thing that was noticed? Yes\_\_\_\_\_ No\_\_\_\_\_

9. Do you have other pets in the house? List \_\_\_\_\_

10. Do any have skin problem? Explain \_\_\_\_\_  
\_\_\_\_\_

11. Do any people in your household have a skin problem? \_\_\_\_\_

Explain \_\_\_\_\_

12. Percent of time your pet is confined: Indoors\_\_\_\_\_ Outdoors\_\_\_\_\_

13. Are symptoms worse Indoors\_\_\_\_\_ Outdoors\_\_\_\_\_ Night\_\_\_\_\_ Morning\_\_\_\_\_

14. Has your pet been neutered? Yes\_\_\_\_\_ No\_\_\_\_\_ If so, at what age? \_\_\_\_\_

15. If female, has she had normal heat cycles? Yes\_\_\_\_\_ No\_\_\_\_\_

When was last cycle? \_\_\_\_\_ Problems \_\_\_\_\_

16. If male, does he have normal interest in females? Yes\_\_\_\_\_ No\_\_\_\_\_

17. Does your pet have fleas? Yes\_\_\_\_\_ No\_\_\_\_\_ Did Have \_\_\_\_\_

18. Do you or did you use any of the following? Flea Spray\_\_\_\_\_ Flea Dips\_\_\_\_\_

Flea Powder\_\_\_\_\_ Flea Collar\_\_\_\_\_ Powders\_\_\_\_\_ Baths\_\_\_\_\_

Name Products \_\_\_\_\_

19. Any other parasite problems? Ticks\_\_\_\_\_ Mites\_\_\_\_\_ Flies\_\_\_\_\_

20. Do you use insecticides in your home? \_\_\_\_\_ Yard? \_\_\_\_\_

21. Has your pet been out of his/her normal area (vacation, visit, boarded, etc.)?

No\_\_\_\_\_ Yes\_\_\_\_\_ Where \_\_\_\_\_ When \_\_\_\_\_

22. What medication(s) has your pet been using since problem started? Oral \_\_\_\_\_

Topical \_\_\_\_\_ Injection \_\_\_\_\_

23. Did these medications help or cure the problem? Yes\_\_\_\_\_ No\_\_\_\_\_ Some\_\_\_\_\_ For  
Awhile\_\_\_\_\_

24. Does your pet use food supplements or vitamins? Yes\_\_\_\_\_ What \_\_\_\_\_

No\_\_\_\_\_

25. What type and brand of food do you feed your pet? Canned \_\_\_\_\_ Dry \_\_\_\_\_

Table Scraps \_\_\_\_\_ Other \_\_\_\_\_

26. Does your pet do or have any of the following? Cough \_\_\_\_\_ Sneezing \_\_\_\_\_ Runny Nose \_\_\_\_\_  
Runny Eyes \_\_\_\_\_ Vomiting \_\_\_\_\_ Diarrhea \_\_\_\_\_ Poor Appetite \_\_\_\_\_ Excessive  
Appetite \_\_\_\_\_ Regular Exercise \_\_\_\_\_ Worms \_\_\_\_\_ Shakes Head \_\_\_\_\_

27. Has your pet had any other illnesses? Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_