

# DERMATOLOGIC HISTORY

Arkansas Veterinary Emergency and Specialists

We would appreciate your cooperation in providing us with the following information. Please circle the appropriate response(s) or use the spaces provided.

Client Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_

1. Describe your pet's skin problem. \_\_\_\_\_  
\_\_\_\_\_

2. When did the problem first appear? \_\_\_\_\_

3. Was the onset gradual or sudden? \_\_\_\_\_

4. Describe the problem as it first appeared. \_\_\_\_\_  
\_\_\_\_\_

5. What parts of your pet were first affected? \_\_\_\_\_

6. Has your pet always lived in this part of the country?      YES      NO

If you answered, "no" please explain. \_\_\_\_\_

7. From where did you obtain your pet? \_\_\_\_\_

8. How long have you had your pet? \_\_\_\_\_

9. Where does your pet spend most of its day? \_\_\_\_\_

10. Describe the indoor environment of you pet (such as pet's bedding, where it sleeps) \_\_\_\_\_  
\_\_\_\_\_

11. Describe the outdoor environment (grasses, weeds, wooded areas, etc.) \_\_\_\_\_  
\_\_\_\_\_

12. Which of the following best fits your pet's skin problem?

INTERMITTENT      CONTINUAL

13. Is there a relationship between the severity of your pet's skin condition and the season of the year?      YES      NO

If "yes," please explain. \_\_\_\_\_  
\_\_\_\_\_

14. Which of the following does your pet do excessively (circle more than one if applicable)?

CHEW      BITE      LICK      RUB      SCRATCH      NONE

All of these are signs of itching; please rate the level of itching on a scale of 1-10 with 10 being severe. \_\_\_\_\_

15. If present, what are the primary areas that your pet licks, chews, rubs, or scratches? \_\_\_\_\_  
\_\_\_\_\_

16. Was itching the first sign of your pet's skin disease that you noticed?

YES      NO

If "no," please write the first signs noticed. \_\_\_\_\_

17. Has your pet ever had ear problems?      YES      NO

If "yes," please explain. \_\_\_\_\_

18. Do you have any other pets?            YES      NO

Please list any other pets. \_\_\_\_\_

19. Do any of the other pets have similar skin conditions?            YES      NO

20. Do any pets in the neighborhood have a similar problem? YES      NO      UNSURE

21. Are you aware of any relatives of your pet having a similar problem?      YES      NO

22. Has anyone in your household had skin problems since your pet was affected?      YES      NO

23. Have you noticed fleas on your pet? YES      NO

24. Do any other pets in your household have fleas? YES      NO

25. Do you use flea products on your pet to control fleas? YES      NO

If "yes," please list what you use \_\_\_\_\_

Frequency of application \_\_\_\_\_

27. What treatment has your pet received for the skin problem? If possible provide drug names, dosages, and duration of treatment. \_\_\_\_\_

28. Describe what response there was to this treatment. \_\_\_\_\_

29. Has your pet received cortisone or steroids? YES      NO      UNSURE

If "yes," which of the following was/were used? INJECTION      PILLS      TOPICAL

When was it last given or applied? \_\_\_\_\_

30. Which medication was most effective at controlling your pet's skin problem?

31. Please list the **current** medications you pet is receiving. \_\_\_\_\_

32. Have you been using any home remedies for your pet's skin condition? YES      NO

If "yes," please describe. \_\_\_\_\_

33. Does your pet have any other previously diagnosed medical or surgical problem that is unrelated to the skin disorder?

YES      NO

If "yes," please describe \_\_\_\_\_

Medications used for this problem \_\_\_\_\_

34. Have you noticed any changes in the health or behavior of your pet coincidental with the development of the skin condition? \_\_\_\_\_

35. Describe the diet of your pet. \_\_\_\_\_

36. Has your pet been boarded in the past 2-3 months?            YES      NO

37. Has your pet been to the groomer or day care in the past 2-3 months? YES      NO

38. What heart worm preventative do you use for your pet? \_\_\_\_\_

**THANK YOU!!!**