



**Dermatologic History**

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

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

Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered: Y  N

Primary Complaint/s: \_\_\_\_\_

Age pet was obtained: \_\_\_\_\_ From where: \_\_\_\_\_

Age problem was first noticed: \_\_\_\_\_

Onset: Sudden: \_\_\_\_\_ Slow: \_\_\_\_\_

Does the animal itch? Yes  No  When: Constant \_\_\_\_\_ Sporadic \_\_\_\_\_ Night \_\_\_\_\_

Is there a seasonal influence? No  Spring  Summer  Fall  Winter

Where on the body did the problem begin? \_\_\_\_\_

What did it look like initially? \_\_\_\_\_

What other animals are in the household? Describe: \_\_\_\_\_

Do other animals or people in the household have skin problems, rash? \_\_\_\_\_

Describe the animal's indoor environment, time (%) \_\_\_\_\_

Describe the animal's outdoor environment, time (%) \_\_\_\_\_

What diagnostic tests have been performed? \_\_\_\_\_

What topical treatment has been used? Success? \_\_\_\_\_

What oral or injectable treatment/s has been used? Success? \_\_\_\_\_

When was the last time fleas were seen on any of the pets? \_\_\_\_\_

Describe flea control \_\_\_\_\_

Animal's diet (including snacks and treats) \_\_\_\_\_

Medical history: previous diseases, treatments, results \_\_\_\_\_

Is the animal on any medications at present? Yes  No  Which ones? \_\_\_\_\_

What other facts do you think would be helpful?

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