

VETERINARY HEALING ARTS

DERMATOLOGY HISTORY FORM

Dr. Tiffany Tapp

What is the primary complaint with the skin? _____

Are the ears involved? Yes/No? If yes, explain? _____

When did the problem start? _____

What was skin like initially? Normal skin, just itchy ___ Hair loss ___ Rash ___ Pimples ___
Redness ___ Other _____

Where did the problem start? Nose ___ Eyes ___ Ears ___ Neck ___ Back ___ Paws ___
Front Legs ___ Back Legs ___ Rump ___ Chest ___ Stomach ___
Other _____

Has the problem spread? Yes/No. If yes, where? _____

Is your pet itchy? Yes/No

Was it itchy from onset of the problem or is it a new occurrence? Onset ___ New Occurrence ___

(Itchy = scratch, rub, chew, lick, bite, etc)

If your pet is itchy, please grade the degree of irritation on a scale of 1-10:

(minimal) 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10 ___ (severe)

Is the skin problem worse or more severe at a certain time of the year, or is it the same throughout the year? _____

If worse at a certain time of year, what time of year is it worse? _____

Do you have any other pets? Yes/No. If so, please list. _____

Do your other pets have any skin problems? Yes/No. If so, please describe. _____

Do any people in your house have a skin condition or problem? _____

Diet Information

What do you feed your pet? _____

What type of supplements/vitamins do you give your pet? _____

What type of snacks or treats does your pet get (include human food) _____

Medication Information

What medication is your pet currently on? _____

Has your pet ever had a reaction to any medication? _____

Is your pet on flea control? Yes/No. If yes, what type? _____

Is your pet on heartworm prevention? Yes/No. If yes, what type? _____

How often do you bathe your pet? _____

What shampoo do you use? _____

Environment Information

What percentage of a day does your pet spend indoors? _____ Outdoors? _____

Please describe the outdoor environment _____

Other Medical Problems

Does your pet have any other illnesses? Yes/No. If yes, which ones? _____

Does your pet do any of the following excessively: Cough ___ Sneeze ___ Runny eyes ___

Vomit ___ Diarrhea ___ Urinate ___ Drink Water _____

How many bowel movements does your pet have per day? _____