

River Valley Veterinary Clinic

Dermatology History Form

Dr. Joseph Eastwood

Describe your pet's skin problem. _____

When did the problem first appear? _____

Was the onset gradual [] or sudden []?

Describe the skin problem as it first appeared. _____

What parts of your pet were first affected? _____

Has your pet always lived in this part of the country? YES [] NO []

Does your pet spend most of its day indoors [] outdoors [] in-and-out [].

Describe the indoor environment of your pet (such as the pet's bedding, where it sleeps, etc.).

Describe the outdoor environment (grasses, weeds, wooded areas, etc). _____

Is the skin problem intermittent [] or continual []?

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

If you answered YES, please describe. _____

Does your pet chew [], bite [], scratch [], rub [], or lick [] itself excessively?

Does your pet lick, chew, rub or scratch any particular areas compulsively?

YES [] NO []

If your answer is YES, please explain. _____

Please grade the degree of chewing, scratching, Itching, or licking. Number 1 being occasionally and 10 being severe, keeping you up at night _____

Was itching the first sign of your pet's skin disease that you noticed? YES [] NO []

Has your pet ever had ear problems? YES [] NO [] If you answered YES, please explain.

Do you have any other pets? YES [] NO [] Please describe any other pets.

Do any of your pets have similar skin conditions? YES [] NO [] N/A []

Do any pets in the neighborhood have a similar problem? YES [] NO []

Are you aware of any relatives of your pet having a similar problem?

YES [] NO []

Has anyone in your household had skin problems since they affected your pet?

YES [] NO []

Have you noticed fleas on your pet? YES [] NO []

Do any other pets in your household have fleas? YES [] NO []

Has previous treatment for fleas helped your pet's problem? YES [] NO []

What treatment has your pet received for its skin problem? If possible, provide drug names.

Dosages and duration of treatment. _____

Describe what response there was to this treatment. _____

Which medication was most effective in controlling your pet's skin problem? _____

What medication is your pet presently receiving and when was it last given? _____

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

Please describe. _____

Does your pet have any other previously diagnosed medical or surgical problems unrelated to the skin disorder? YES [] NO [] Please describe. _____

If so, is your pet presently receiving any medication for this disorder? YES [] NO []

Please describe _____

Have you noticed any changes in the health or behavior of your pet coincidental with the development of the skin condition? YES [] NO [] Please describe _____

What brand or brands of pet food and what treats or chew toys does your animal get? _____

What heartworm preventative is your pet taking? _____

Have you noticed any changes in your pet's eating or drinking habits? If so, please describe _____

Does your pet urinate more than usual? _____

Have you noticed any changes in activity level in your pet? If so, please describe _____
