

Dermatology: Medical History Form

Name *

First Name

Last Name

Email *

example@example.com

Pet's Name *

What is the chief complaint today?

Age of pet when aquired

How long has your pet had this problem?

Is there a time when the problem is less severe or the itching is less intense?

What was the problem like when you first noticed it and where did it start?

Does your pet scratch, lick, chew or rub any of the following areas? (Please check all that apply)

Nose

Tail

Groin

Around Eyes

Ears

Rump

Front Legs

Neck

Chest

Back Legs

Back Paws

Back

Abdomen

Front Paws

What did you notice first, lesions or itching?

Are there any other pets in the environment, if so how many?

include dogs, cats, birds, rabbits, rodents and farm animals

Do any other pets have skin problems? Please describe

Amount of time spent outdoors %

Are symptoms any worse:

Indoors

Outdoors

Morning

Evening

Do any relatives of your pet have skin problems? Please describe

Do you use a routine flea control, if so what brand name and type?

Do you use insecticides in your home?

Please list any medications/injections that your pet has taken for this problem

Did they seem to help, if so which ones?

What is your pet's regular diet?

What heartworm preventative is your pet on?

Does your pet do any of the following? Check all that apply

Cough

Vomit

Diarrhea

Drink excessively

Sneeze

Limp

Runny eyes

Urinate excessively

Has your pet ever had an ear infection?

Yes

No

Is your pet's appetite normal?

Yes

No

Has your pet's appetite changed recently?

Yes

No

If un-spayed is her heat cycle regular?

Yes

No

Do you bathe your pet? If so what products do you use and how often do you bathe your pet?

Has your pet ever been outside of Michigan, if so where?

Any additional comments?