



Animal Dermatology Specialists

Animal History Form

Date: _____ Owner's Name: _____

Pet's Name: _____ Breed: _____ Age: _____

Sex: M F (Circle One)

Neutered or Spayed? Y N (Circle One)

1. Describe the complaint: _____
2. How long has it been present? _____
3. Onset sudden? _____ Gradual? _____
4. Is the problem continual or intermittent? _____
5. Is the problem worse at some times of the year than others? _____
6. What areas (of the body) are affected? _____
7. Does the pet scratch, rub, chew, bite or lick itself? _____
8. Is there a loss of hair? _____ Areas of hair loss: _____
9. If there is also itching, which came first, hair loss or itching? _____
10. Age of pet when acquired: _____
11. Source: Pet store, breeder, pound, other _____
12. What other pets are in the household? _____
13. Do the other pets or members of the family have skin problems? _____
14. Describe the pet's diet: _____
15. Percent of time the pet spends indoors _____ outdoors _____
16. Describe the pet's outside environment: _____
17. Describe the pet's inside environment: _____
18. Has the pet ever had fleas or ticks? _____
19. What treatment has the pet received? _____
20. Was there any response? If so, for how long? _____
21. How often is the pet bathed? _____ Which shampoo is used on the pet? _____
22. Additional comments: _____

