

MCVS DERMATOLOGY HISTORY FORM

Pet name _____

Date _____

What is the skin problem? Itching Rash Hair Loss Redness Sores
 Oily Skin Dry Skin Other _____

At what age did you first notice the problem? _____

Are the symptoms worse during certain times of the year? Yes No Used to be

What season(s)? Spring Summer Fall Winter

What did the problem look like when it first started? Itching Rash Hair Loss
 Redness Sores Oily Skin Dry Skin Other _____

Where did it start? Eyes Ears Nose Neck Back Tail Rump Legs
 Paws Chest Stomach Groin Axilla (arm pit)

Has it spread? Yes No If yes, where? _____

Does your pet scratch, rub, chew, lick, or bite? Yes No If yes, where? Eyes
 Ears Nose Neck Back Tail Rump Front Legs Back Legs
 Paws Chest Stomach Groin Axilla (arm pit)

Was itching the first thing noticed? Yes No

Do you have other pets? Yes No If yes, list _____

Do any of the other pets have skin problems? Yes No If yes, explain: _____

Do any people in the household have a skin problem? Yes No If yes, explain: _____

Percent of time your pet is: Indoors Outdoors

If outdoors, is he/she: Loose Fenced Yard Dog Pen

Is your pet neutered? Yes No If yes, at what age? _____

If your pet is an intact female, have her heat cycles been normal? Yes No
Last cycle occurred: _____ Any pregnancies? _____ Any problems? _____

Have you seen fleas on your pet? Yes No In the past

Please check any of the following previously used: Flea spray Flea dips
 Flea collar Powders Baths Spot-on/Pro-spot(Fenthion) Frontline
 Advantage K9 Advantix Other: _____

How often? _____

Is pest control used in your home? Yes No Yard? Yes No

What medications or therapies have been tried? _____

Did any of these therapies help or resolve the problem? Yes No Some

Does your pet receive any vitamins or supplements? Yes No What? _____

Is your pet on heartworm preventative? Yes No What kind? _____

What type and brand of food does your pet eat? Canned _____
Dry _____ People food _____

Does your pet have any of the following: Coughing Sneezing Vomiting Worms
 Runny Nose Runny Eyes Diarrhea Poor appetite Excessive appetite
 Excessive drinking Trouble urinating Excessive urinating Head shaking

Does your pet have any other illnesses? Yes No If yes, explain: _____

If you have a limit that you can spend today, please indicate this and we will try to work within it: \$ _____

signature of owner or agent

phone number

date