

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