

## **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