



GARDEN STATE VETERINARY SPECIALISTS DERMATOLOGY HISTORY FORM

Please complete this form with a ball point pen. You may use the reverse side if additional space is needed.

OWNER _____ PET'S NAME _____ DATE _____

1. What is the skin problem? Itching Hair Loss Rash Redness Sores Oily Skin
 Dry Skin Dandruff Odor Other _____
2. At what age did you first notice the problem? _____
3. Is the problem year round? yes no unknown
4. Is the problem worse any time of the year? Spring Summer Fall Winter
5. What did the problem look like when it first started? Itching Hair Loss Rash Redness Other _____
6. Where did it start? Nose Eyes Ears Neck Back Rump Tail Legs Paws Chest Stomach Groin
7. Has it spread? yes no If yes, where? _____
8. Does your pet scratch, rub, chew, lick, or bite? yes no
9. Where does your pet itch? Nose Eyes Ears Neck Back Rump Tail Arm Pit Legs Paws Chest Stomach Groin
10. Was itching the first thing noticed? yes no If no, what was? _____
11. What is the intensity of the itching? Mild Moderate Severe Constant
12. How long have you had your pet? _____
13. Do you have other pets? yes no If yes, what kind? _____
14. Do any have skin problems? yes no If yes, what kind? _____
15. Do any people in the household have skin problems? yes no If yes, what kind? _____
16. Percent of time your pet is: Indoors _____ Outdoors _____
17. Describe your pet's indoor environment (bedding, rugs, sleeping location, etc.) _____

18. Describe your pet's outdoor environment (yard, vegetation, pen, garage, etc.) _____
19. Has your pet been out of his/her normal area (vacation, visit, boarded, etc.)? yes no
 where? _____ when _____
20. Does your pet go to a groomer? yes no If yes, how often? _____
21. Does your pet have fleas? yes no did have
22. Are there any other parasite problems? Ticks Flies Mites
23. What products do you use for flea control? _____
24. What medications have been used (shots, pills, ointments, drops, etc.) for the skin problem?

<u>Medication</u>	<u>How Much?</u>	<u>How Often?</u>	<u>Did it help?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
25. What shampoos and rinses have been used? _____
26. What type and brand of food do you feed your pet? Canned Dry Table Food Other
27. Does your pet have any of the following? Cough Sneeze Runny Nose Runny Eyes Vomiting Diarrhea
 Poor Appetite Excessive Appetite Increased Water Intake Change in Urination Habits Change in Activity Level
28. Has your pet had any drug reactions or other illnesses? _____
29. Other current medication (include heartworm, supplements, vitamins) _____