ANIMAL
ALLERGY AND DERMATOLOGY
SPECIALISTS

Date:

Patient:

PATIENT HISTORY

*****Please complete all pages*****

General Medical History:

How old was your pet when he/she came to live with you?

Where did you get your pet (i.e breeder, shelter, etc)?

Does your pet have any other health problems? **Yes** **No**

If yes, please list:

Has your pet ever been sedated or anesthetized? **Yes** **No**

If yes, has your pet ever had any problems under anesthesia? **Yes** **No**

If yes, please list:

Has your pet ever been aggressive, bitten or attempted to bite anyone? **Yes** **No**

Does your pet ever bite or become aggressive in the vet's office? **Yes** **No**

When was your pet last dewormed?

LIST ALL MEDICATIONS AND SUPPLEMENTS THAT YOUR PET IS CURRENTLY TAKING:

LIST ANY MEDICATIONS YOUR PET HAS TAKEN IN THE PAST WEEK:

List the brand(s) of food you are currently feeding your pet; including treats/chews, etc:

How long have they been on this food?

If you changed food, when did you change and why?

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Dermatological History

What is your pet's problem?

How long has your pet had this problem?

How old was your pet when the problem started?

Does your pet ever have runny eyes? Yes No
Does your pet ever cough/wheeze? Yes No
Does your pet ever sneeze? Yes No
Is your pet gassy? Yes No
Does your pet have a sensitive stomach? Yes No
Does your pet ever vomit? Yes No
Has your pet had a reaction to any medications? Yes No
If yes please explain:

Does your pet have diarrhea or soft stool? Yes No
How many bowel movements does your pet have on average each day?
Has your pet's water consumption increased or decreased in the last 6 months? Yes No
Does your pet go to dog parks, doggy day care or the groomer? Yes No
How often do you bathe your pet?

Does bathing help? Yes No
How long has your pet lived in Las Vegas/Southern Nevada?
If he/she moved here, was the problem present before moving? Yes No

Do you have any other pets? Yes No
If yes, please list: ( ) Dogs ( ) Cats ( ) Other
If yes, do any other pets have skin problems or itching/licking/biting? Yes No

Do any people in the household or that visit often have any skin problems/itching? Yes No
If yes, please describe:

Has your pet ever had an ear infection? Yes No
If yes, how many and how often?

Do you clean your pet's ears? Yes No
If yes, how often and what do you use?

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Itching can be seen as scratching, licking, rubbing, scooting or chewing an area of skin.

Is your pet itchy now (i.e. scratching, licking, or biting)? **Yes No**

If yes, please check any of the following areas that are itchy:

( ) Front Paws	( ) Ears	( ) Face/Muzzle	( ) Elbows
( ) Back Paws	( ) Chest	( ) Groin/Inner Legs	( ) Tail/Rear End
( ) Front Legs	( ) Rear Legs	( ) Back	( ) Neck
( ) Armpits	( ) Abdomen/Belly	( ) Other: ______________________________	

Was your pet itchy when it started? **Yes No**

If yes, please check any of the following areas that are itchy:

( ) Front Paws	( ) Ears	( ) Face/Muzzle	( ) Elbows
( ) Back Paws	( ) Chest	( ) Groin/Inner Legs	( ) Tail/Rear End
( ) Front Legs	( ) Rear Legs	( ) Back	( ) Neck
( ) Armpits	( ) Abdomen/Belly	( ) Other: ______________________________	

Is the problem continuous? **Yes No**
Is the problem seasonal? **Yes No**

When the problem started, what did you notice?

Where did you first notice the problem (i.e. paws, face, ears, etc)?

Are the symptoms worse (please check any that apply):

( ) Morning	( ) Night	( ) Indoors	( ) Outdoors

Please check any of the following that you noticed when the problem started:

( ) Normal Skin, just itchy	( ) Dry Skin	( ) Flaky Skin	( ) Hair Loss
( ) Red Skin	( ) Pimples	( ) Scabs	( ) Rash
( ) Comedomes/Black Heads	( ) Ear Infection	( ) Sores/Hot Spots	( ) Other__________

Please check any of the following that you are currently noticing:

( ) Normal Skin, just itchy	( ) Dry Skin	( ) Flaky Skin	( ) Hair Loss
( ) Red Skin	( ) Pimples	( ) Scabs	( ) Rash
( ) Comedomes/Black Heads	( ) Ear Infection	( ) Sores/Hot Spots	( ) Other__________