

**ANIMAL
ALLERGY &
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

Circle where your pet lives: Las Vegas/Southern Nevada | Northern Arizona | Southern Utah

How long has your pet lived in the above location?

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
 Comedones/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
 Comedones/Black Heads Ear Infection Sores/Hot Spots Other _____

