



6785 Atlanta Highway  
Alpharetta GA 30004  
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### Dermatology History Form

Date \_\_\_\_\_

Owner \_\_\_\_\_ Animal's Name \_\_\_\_\_

Animal's Age \_\_\_\_\_ Sex \_\_\_\_\_ Breed \_\_\_\_\_

1. What is the skin problem?  
Itching \_\_\_\_\_ Loss of Hair \_\_\_\_\_ Rash \_\_\_\_\_  
Oily Skin \_\_\_\_\_ Dry Skin \_\_\_\_\_ Dandruff \_\_\_\_\_  
Redness \_\_\_\_\_ Odor \_\_\_\_\_ Other \_\_\_\_\_

2. At what age did you first notice problem? \_\_\_\_\_

3. Are the symptoms worse any time of year?  
Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_ Winter \_\_\_\_\_

4. What did problem look like when it first started?  
Itching \_\_\_\_\_ Hair Loss \_\_\_\_\_ Rash \_\_\_\_\_  
Pimples \_\_\_\_\_ Redness \_\_\_\_\_ Other \_\_\_\_\_

5. Where did it start? Nose \_\_\_\_\_ Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Neck \_\_\_\_\_  
Back \_\_\_\_\_ Tail \_\_\_\_\_ Rump \_\_\_\_\_ Legs \_\_\_\_\_ Paws \_\_\_\_\_  
Chest \_\_\_\_\_ Abdomen \_\_\_\_\_ Groin \_\_\_\_\_

6. Has it spread? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, where? Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Does your pet scratch, rub, chew, lick or bite? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where?  
Nose \_\_\_\_\_ Muzzle \_\_\_\_\_ Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Neck \_\_\_\_\_ Back \_\_\_\_\_  
Rump \_\_\_\_\_ Tail \_\_\_\_\_ Chest \_\_\_\_\_ Front Legs \_\_\_\_\_ Back Legs \_\_\_\_\_  
Paws \_\_\_\_\_ Abdomen \_\_\_\_\_ Axilla (arm pit) \_\_\_\_\_ Groin \_\_\_\_\_

8. Was itching the first thing that was noticed? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Do you have other pets in the house? List \_\_\_\_\_

10. Do they any have skin problems? Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Do any people in your household have a skin problem? \_\_\_\_\_  
 Explain \_\_\_\_\_
12. Percent of time your pet is confined: Indoors \_\_\_\_\_ Outdoors \_\_\_\_\_
13. Are symptoms worse Indoors \_\_\_\_\_ Outdoors \_\_\_\_\_ Night \_\_\_\_\_ Morning \_\_\_\_\_
14. Has your pet been neutered? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, at what age? \_\_\_\_\_
15. If female, has she had normal heat cycles? Yes \_\_\_\_\_ No \_\_\_\_\_  
 When was last cycle? \_\_\_\_\_ Problems \_\_\_\_\_
16. If male, does he have normal interest in females? Yes \_\_\_\_\_ No \_\_\_\_\_
17. Does your pet have fleas? Yes \_\_\_\_\_ No \_\_\_\_\_ Did Have \_\_\_\_\_
18. Do you or did you use any of the following? Flea Spray \_\_\_\_\_ Flea Dips \_\_\_\_\_  
 Flea Powder \_\_\_\_\_ Flea Collar \_\_\_\_\_ Powders \_\_\_\_\_ Baths \_\_\_\_\_  
 Name Products \_\_\_\_\_
19. Any other parasite problems? Ticks \_\_\_\_\_ Mites \_\_\_\_\_ Flies \_\_\_\_\_
20. Do you use insecticides in your home? \_\_\_\_\_ Yard? \_\_\_\_\_
21. Has your pet been out of his/her normal area (vacation, visit, boarded, etc.)?  
 No \_\_\_\_\_ Yes \_\_\_\_\_ Where \_\_\_\_\_ When \_\_\_\_\_
22. What medication(s) has your pet been using since problem started? Oral \_\_\_\_\_  
 Topical \_\_\_\_\_ Injection \_\_\_\_\_
23. Did these medications help or cure the problem? Yes \_\_\_\_\_ No \_\_\_\_\_ Some \_\_\_\_\_  
 For A while \_\_\_\_\_ How long? \_\_\_\_\_
24. Does your pet use food supplements or vitamins? Yes \_\_\_\_\_ What \_\_\_\_\_  
 No \_\_\_\_\_
25. What type and brand of food do you feed your pet? Canned \_\_\_\_\_ Dry \_\_\_\_\_  
 Table Scraps \_\_\_\_\_ Other \_\_\_\_\_
26. Does your pet do or have any of the following? Cough \_\_\_\_\_ Sneezing \_\_\_\_\_ Runny Nose \_\_\_\_\_  
 Runny Eyes \_\_\_\_\_ Vomiting \_\_\_\_\_ Diarrhea \_\_\_\_\_ Poor Appetite \_\_\_\_\_ Excessive  
 Appetite \_\_\_\_\_ Regular Exercise \_\_\_\_\_ Worms \_\_\_\_\_ Shakes Head \_\_\_\_\_
27. Has your pet had any other illnesses? Explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_