



# Animal Dermatology & Allergy

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www.animalderm.net

## Patient History Form

Client Name \_\_\_\_\_ Pet Name \_\_\_\_\_

Reason for visit: \_\_\_\_\_

Duration of problems: \_\_\_\_ day(s) \_\_\_\_ week(s) \_\_\_\_ month(s) \_\_\_\_ year(s)

Frequency: Constant Intermittent Seasonal Other \_\_\_\_\_

Observations: check all that apply

- |                    |               |                 |                     |                    |
|--------------------|---------------|-----------------|---------------------|--------------------|
| hair loss          | itching       | skin infections | ear infections      | crusts/sores       |
| foot problems      | nail problems | rubs face       | hives               | licks/chews paws   |
| shakes head        | redness       | scratches sides | rubs back           | dandruff           |
| bites tail area    | licks stomach | sneezing        | scratches ears      | watery or red eyes |
| weight gain        | weight loss   | tiredness       | increased thirst    | increased appetite |
| decreased appetite | vomiting      | diarrhea        | increased urination |                    |

Current Diet: \_\_\_\_\_ How long on this diet? \_\_\_\_\_

Has the pet ever been on a special diet for the skin? yes no

If so, which one? \_\_\_\_\_ For how long? \_\_\_\_\_

My pet also gets: table scraps treats rawhides supplements bones flavored medication

Shampoo: \_\_\_\_\_ Frequency: \_\_\_\_\_

Are you able to bathe your pet at home? yes no Does bathing help make it worse no change

Flea control: \_\_\_\_\_ How often? \_\_\_\_\_

Heartworm prevention: \_\_\_\_\_

Has your pet always lived in Florida? yes no – where did pet live before? \_\_\_\_\_

Cats only : strictly indoor lanai only indoor/outdoor

Do you have other pets in your home? yes no

If yes, what kind? \_\_\_\_\_ Do they have skin problems? yes no

Current medications: