



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?

Table with 4 columns: Medication, How Much?, How Often?, Did it help? and 4 rows of blank space for entries.

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) _____

Garden State Veterinary Specialists

One Pine Street • Tinton Falls, New Jersey 07753 • Tel: 732-922-0011 • Fax 732-922-0991

www.gsvs.org • www.felinehyperthyroidism.com