



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?

Medication	How Much?	How Often?	Did it help?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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