

Dermatology History Form – Rock Road Animal Hospital

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 any have skin problem? 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 Awhile _____

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 _____

