



CLIENT NAME \_\_\_\_\_ PET'S NAME \_\_\_\_\_

Chief complaint (s) \_\_\_\_\_

Age of pet when acquired: \_\_\_\_\_ Current Age: \_\_\_\_\_ Approx date problem started: \_\_\_\_\_

Is your pet spayed or neutered?  Yes  No If no, date of last heat cycle: \_\_\_\_\_

Is condition:  Seasonal  Continuous If continuous, was it initially seasonal?  Yes  No

Is there a time when the disease is: \_\_\_\_\_ Less severe \_\_\_\_\_ Itching is less intense?

Percent of time pet is kept: \_\_\_\_\_% Indoors \_\_\_\_\_% Outdoors

Are symptoms worse:  Indoors  Outdoors  Night  Morning

What was the problem like initially:  Normal skin, just itchy  Hair loss  Rash  Pimples  Redness

Where did problem start? \_\_\_\_\_

Nose  Neck  Rump  Back legs  Abdomen

Eyes  Back  Front legs  Back paws  Groin

Ears  Tail  Front paws  Chest

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

Does your pet scratch, rub, chew, lick or bite any of the following areas?

Nose  Neck  Front legs  Rump

Eyes  Chest  Back legs  Tail

Muzzle  Back  Back paws

Ears  Abdomen  Front paws

Armpits  Groin  Inner thighs/legs

Comments: \_\_\_\_\_

Does your pet do/have any of the following?

Cough  Vomit  Runny eyes

Sneeze  Diarrhea  Drink excessively

Limp  Urinate excessively  Get ear infections

If yes, please list frequency and description: \_\_\_\_\_

Do you have other pets?  Yes  No List Species: \_\_\_\_\_

If you have other pets, are they affected?  Yes  No Describe: \_\_\_\_\_

Do you or anyone in your household have skin problems?  Yes  No Describe: \_\_\_\_\_

Do your pet's littermates or parents have skin problems?  Yes  No Describe: \_\_\_\_\_

Do you use flea control on your pet?  Yes  No Type: \_\_\_\_\_

Do you use environmental flea control in your home and/or yard?  Yes  No Frequency: \_\_\_\_\_

Please list medication/injections your pet has been on for the skin condition: \_\_\_\_\_

Other medications your pet is on: \_\_\_\_\_

Did any medications help the problem?  Yes  No Which one(s)? \_\_\_\_\_

Please list any vitamins, food supplements, etc. your pet has been given: \_\_\_\_\_

How often do you bathe your pet and what shampoos are used? \_\_\_\_\_

What is your pet's current diet, including treats? \_\_\_\_\_

How long has your pet been on this diet? \_\_\_\_\_

Please check the number of bowel movenets your pet has per day:  1  2  3  4  5  6

Has your pet received treatment for stomach or intestinal problems?  Yes  No

Please check how many times your pet was treated for this condition prior to visiting us:  1  2  3  4  5

Additional comments: \_\_\_\_\_