Patient History Form

animal dermatology & allergy

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www.animalderm.net

Client Name _____ **Pets 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

Name of Flea control: _____ How often? _____

Name of Heartworm prevention: _____

Has your pet always lived in Florida? □ yes
□ no - where did pet live before? _____
- when did pet move here? _____
- seasonal? months here? _____

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: