VETERINARY MEDICAL TEACHING HOSPITAL
TEXAS A&M UNIVERSITY

Today's Date:

Client Name:

Pet Name:

Appointment Date:

Dermatology History

Please fill out this questionnaire as completely as possible to help us better understand your pet's skin problem(s).

How old was the animal when obtained?

Where was the animal obtained (including state)?

Describe your pet's dermatological (skin/ear) problem(s)? What prompted you to seek veterinary attention?

When did the problem(s) first appear? Was the onset ☐ Gradual ☐ Sudden

What did the problem(s) look like at the start? Was 'itching' the first sign you noticed?

Where on the pet's body did the problem(s) first begin? ☐ Face ☐ Ears ☐ Chest ☐ Abdomen ☐ Back ☐ Rump ☐ Tail ☐ Limbs ☐ Paws ☐ Other

Has the problem(s) spread or changed appearance? If so, describe.

Does your pet ☐ Lick ☐ Chew ☐ Bite ☐ Rub ☐ Scratch ☐ Head Shake ☐ Scoot excessively? **Internal Use: Grade ___**

Has your pet ever had ear problems? ☐ Yes ☐ No If yes, explain

Have you ever noticed fleas on your pet? ☐ Yes ☐ No

Is the problem(s) ***currently*** ☐ Seasonal ☐ Year Round If year round, was it seasonal at the start? ☐ Yes ☐ No

If the problem(s) is ***seasonal,*** which season is the worst? ☐ Spring ☐ Summer ☐ Fall ☐ Winter

If the problem(s) is ***year-round,*** is any season(s) worse than others? ☐ Spring ☐ Summer ☐ Fall ☐ Winter

What percentage of time does your pet spend indoors _____ and outdoors _____ ?

Is the problem worse ☐ Indoors ☐ Outdoors ☐ Not affected by this factor

Describe the pet's outdoor environment.
Trees
Grasses
Weeds
Other

Describe the pet's indoor environment.
Carpets
Floors
Furniture
Bedding
Other

Has the pet traveled outside of the state? ☐ Yes ☐ No If yes, when and where?

Were the problem(s) still present? ☐ Yes ☐ No

List any other animals you have in the pet's immediate environment. Do they have similar skin problems?

Are you aware of any relatives of your pet having similar dermatological problems? ☐ Yes ☐ No

Have any people in the household developed skin problems since your pet was affected? ☐ Yes ☐ No

Describe the pet's diet (e.g., brand, dry, canned).
Pet food
Table food
Treats
Supplements

Have there been any changes in diet? If so, was the problem(s) affected by the dietary change? List any commercial pet foods and/or home-cooked foods prescribed by your veterinarian.

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What has been the ***response*** to the treatment? When were they ***last given*** to your pet (this is important information).
Steroids (e.g, prednisone, Temaril-P, Depo-Medrol, Vetalog)
Antihistamines (e.g., Benadryl, Tavist, chlorpheniramine, hydroxyzine)
Antibiotics (e.g., cephalexin, Simplicef, Clavamox, Baytril)
Fatty acids
Ear Medication
Flea/tick preventative (name)
Topicals (e.g., shampoos, sprays)
Home remedies / Other

List any medication your pet is ***currently*** taking.

What heartworm preventative do you give your pet? How often do you give it?

Has your pet had any other major illnesses associated with the skin/ear problem?

Please check any that apply to your pet and explain.

☐ Lethargy	☐ Anorexia	☐ Hunger	☐ Increased Thirst	☐ Increased urination	☐ Difficulty urinating
☐ Coughing	☐ Sneezing	☐ Vomiting	☐ Diarrhea	☐ Weight gain	☐ Weight loss
☐ Lameness	☐ Seizures	☐ Pregnancy	☐ Heat cycle	☐ Scooting	☐ Other

Explain

Does your pet have any known adverse/allergic reactions to medications (e.g., vaccines, antibiotics, anesthetics, shampoos) or food? Explain.

Does your pet have any other medical conditions or are there any other concerns the dermatologist should be aware of with your pet?

Client Signature Date