



VCA Aurora Animal Hospital



Working as a team to improve the quality of life for your pet and your family.

## DERMATOLOGIC HISTORY FORM

Owner's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

1. Does your pet have any allergies/adverse reactions to medications? \_\_\_\_\_

If yes, please describe \_\_\_\_\_

\_\_\_\_\_

2. How old was your pet when obtained? \_\_\_\_\_ How old is pet now? \_\_\_\_\_

3. Where did you obtain your pet? \_\_\_\_\_

4. Has your pet been spayed or neutered? \_\_\_\_\_ If yes, when? \_\_\_\_\_

5. How old was your pet when its skin and/or ear problems began? \_\_\_\_\_

6. What did the problem look like when it started? When did it first start? What part of the body was first affected? Did it move to other areas?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Was the onset sudden or gradual? \_\_\_\_\_

8. Is the problem year round? \_\_\_\_\_

If no, what season does the problem seem the worst? \_\_\_\_\_

9. Grade your pet's itchiness from 1 to 10: 1= not itchy, 10= itchy all day and night \_\_\_\_\_

10. What came first- your pet's skin lesions or did you notice itchiness? \_\_\_\_\_

11. Does your pet have any ear disease? \_\_\_\_\_

\_\_\_\_\_

12. Is your pet on flea preventative? \_\_\_\_\_ Which preventative? \_\_\_\_\_

13. Is your pet on heartworm preventative? \_\_\_\_\_ What type is it? \_\_\_\_\_

Is it flavored or chewable? \_\_\_\_\_

13. What other medications is your pet **currently** taking? Include oral pills, ear, eye, herbal, vitamin, shampoo, and spray therapies.

Please describe including name, dose, and duration \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Which of these medications have helped? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. What other medications has your pet received *in the past* for skin/ear problems?  
Which of these helped?

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16. What other pets are in the household? \_\_\_\_\_

17. Are they affected by the skin/ear problem? \_\_\_\_\_  
If yes, describe how \_\_\_\_\_

18. Do any people in the home have any rashes, skin lesions, or itching? \_\_\_\_\_  
If yes, please describe \_\_\_\_\_

19. How often does your pet receive a bath? \_\_\_\_\_

20. Date last bath was given \_\_\_\_\_

21. What bathing products were used? \_\_\_\_\_

22. Does your pet have any other medical problems? Please describe \_\_\_\_\_

23. What percent of time does your pet spend indoors? \_\_\_\_\_ outdoors? \_\_\_\_\_

24. Describe your pet's outdoor environment \_\_\_\_\_

25. Describe your pet's indoor environment \_\_\_\_\_

26. Has your pet ever been out of the state? \_\_\_\_\_  
If yes, where? \_\_\_\_\_

27. Describe your pet's diet. Include brand, dry or canned, and duration fed.

- Pet food \_\_\_\_\_
- Treats \_\_\_\_\_
- Supplements \_\_\_\_\_
- Table foods \_\_\_\_\_
- Other \_\_\_\_\_

28. Have there been any changes in your pet's diet? \_\_\_\_\_  
If yes, was the skin/ear problem affected by the change? \_\_\_\_\_  
If yes, please describe \_\_\_\_\_

29. Please list any other information that you think may be helpful \_\_\_\_\_

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