



CANINE DERMATOLOGY HISTORY FORM

Your Name: _____ Your Dog's Name: _____

Dog's Age: _____ Breed: _____ Gender: M or F

Primary concerns about your dog's skin: _____

When was this first noticed? _____

Onset rapid or gradual? _____

Does your dog itch? Yes or No When? Constant Sporadic Night Only

Rate your dog's itching on a scale of 1-10 (10 - Constant severe itching all day and night, 0 - No itching)

What time of year most itchy? Spring Summer Autumn Winter All Year Round

What part(s) of your dog are most itchy? _____

Where does your dog spend time? _____ % indoor _____ % outdoor

What other pets live in your household? Do any have skin problems or itching? _____

Do any people in the house have skin problems or Itching? _____

What is the name of your dog's food? _____

What treats or table food does your dog eat? _____

What flea control do you use and how often? Year round? _____

Do all the pets receive the same flea control at the same intervals? _____

How often do you bathe your dog? _____

How often does your dog swim? _____

What medication is your dog taking at this time? _____

What previously prescribed medications have helped your dog? _____

What other health problems does your dog have? _____

Please share any additional information that you think is important for us to know:

PLEASE BE SURE TO BRING THE PREVIOUS MEDICATIONS, PILLS, OINTMENTS, EAR CLEANERS, SHAMPOOS, EVEN IF EMPTY TO THE CONSULTATION. BRING FOOD AND TREAT INGREDIENT LABELS. DO NOT BATHE YOUR DOG WITHIN 5 DAYS, DO NOT CLEAN OR TREAT EARS WITHIN 2 DAYS OF YOUR DOG'S APPOINTMENT.