



Last Name: _____ First Name: _____ Patient Name: _____ Date: _____

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

1. How old was the animal when obtained? _____
2. Where was the animal obtained (including state)? _____
3. What is your pet's dermatological problem(s)? What prompted you to seek veterinary attention?

4. How long has the problem(s) been present? _____
5. Where on the animal's body (e.g. face, ears, chest, flanks, abdomen, rump, tail, limbs, paws) did the problem(s) first begin? What did the problem(s) look like at the start?

6. Where on the animal's body has the problem(s) spread and how has it changed in appearance?

7. Does your pet itch? _____ If so, where on the body does the animal lick, scratch, chew, and/or rub?

8. Is the problem(s) *currently* seasonal or non-seasonal (year-round)? _____
9. Was the problem(s) *seasonal* when it began? _____
10. If *seasonal*, which season(s) in the worst? Spring: _____ Summer: _____ Fall: _____ Winter: _____
11. If *non-seasonal*, is there any season(s) worse than the others? Spring: _____ Summer: _____ Fall: _____ Winter: _____
12. What percentage of time does your pet spend indoors? _____ Outdoors? _____
13. Describe the animal's *outside* environment:
 - a. *Grasses*: _____
 - b. *Tree*: _____
 - c. *Shrubs*: _____
 - d. *Weeds*: _____
 - e. *Other*: _____
14. Describe the animal's *indoor* environment:
 - a. *Carpets*: _____
 - b. *Floors*: _____
 - c. *Furniture*: _____
 - d. *Bedding*: _____
 - e. *Other*: _____
15. Is the problem worse when your pet is indoors, outdoors, or is the problem not affected by this factor? _____

16. Has the animal traveled outside of the state? _____ If yes, when? _____ Where? _____
Were the problem(s) still present? _____
17. Describe the animal's diet (brand, dry, canned, semi-moist): _____
 - a. *Pet food*: _____
 - b. *Table food*: _____
 - c. *Treats*: _____
 - d. *Supplements*: _____
 - e. *Heartworm preventative (name)*: _____

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

19. **What has been the response to treatment?** When were these treatments last given?

- a. *Steroids* (e.g. prednisone, dexamethasone): _____
- b. *Antihistamines* (e.g. Benadryl, Tavist, Chlor-Trimeton): _____
- c. *Antibiotics* (e.g. cephalixin, Clavamox, sulfas): _____
- d. *Fatty acids*: _____
- e. *Ear medication*: _____
- f. *Flea/tick preventative (name)*: _____
- g. *Other*: _____

20. List any medications your pet is currently taking _____

21. Has your pet had any other major illnesses in association with the skin problem? _____

22. List any other animals/people in the pet's immediate environment. Do they have any similar skin problems? _____

23. Please check any of the following that apply to your pet, then explain:

- Anorexia Coughing Diarrhea Increased appetite Increased thirst Lethargy
Increased urination Difficulty urinating Lameness Lumps Pregnancy Recent heat cycle
Scooting Sneezing Vomiting Weight gain Weight loss Other

Explain: _____

24. Has your pet ever had an ear infection? Yes No

25. When was your pet last vaccinated? _____

26. Was a rabies vaccine given? _____

27. When was your pet's last heartworm test? _____ Result: Negative Positive

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

29. Does your pet have any other medical conditions or are there any other concerns that CVDA should be aware of with your pet? _____

Client Signature _____ **Date** _____