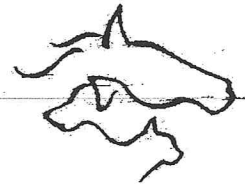




# ANIMAL DERMATOLOGY AND ALLERGY



Date: \_\_\_\_\_

Patient: \_\_\_\_\_

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## PATIENT HISTORY

Age of pet when acquired: \_\_\_\_\_ Age of pet now: \_\_\_\_\_

How long has your pet had a skin problem? \_\_\_\_\_ Was it a sudden onset? \_\_\_\_\_

Is the problem seasonal? \_\_\_\_\_ If yes, which season is worse? \_\_\_\_\_

Other pets in the environment? \_\_\_\_\_ How many of each?

Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Birds \_\_\_\_\_ Rabbits \_\_\_\_\_ Rodents \_\_\_\_\_

Farm Animals \_\_\_\_\_

Do any other animals have skin problems? \_\_\_\_\_ Describe: \_\_\_\_\_

Do any People have skin problems? \_\_\_\_\_ Describe: \_\_\_\_\_

What do you use for flea control? \_\_\_\_\_

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What DOG FOOD, treats, etc. does your pet eat? \_\_\_\_\_

Please LIST any medications, vitamins or supplements that your pet is currently receiving. \_\_\_\_\_

Does your pet do any of the following:  Cough  Sneeze  Runny Eyes  Vomit  
 Diarrhea  Limp  Drink excessively  Urinate excessively  Seizure

Additional comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_