

Veterinary Allergy & Dermatology Clinic, LLC

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DERMATOLOGIC HISTORY FORM

Your pet's dermatological history is very important; please be as complete and accurate as possible. Thank you.

Pet's Name _____ **Age:** _____ **Allergies to medications:** _____

1. How old was your pet when obtained? _____

2. Where was your pet obtained? Breeder Pet Shop Private Humane Society
 Stray Other _____ State pet was born _____

3. Briefly describe your pet's problem _____

4. Approximate date or age of pet when problem was **first** noticed _____

5. Onset: Sudden Gradual

6. Has the problem ever been seasonal? Yes No
If yes, when was the problem worse? Spring Summer Fall Winter

7. Is the problem still seasonal? Yes No
If yes, when is the problem worse? Spring Summer Fall Winter

8. Where on your pet's body did the problem **first** begin?

9. What did the problem look like when it **first** began? _____

10. How has the problem changed or spread? _____

11. Is your pet itchy? (Itch = scratching, biting, chewing, licking, rubbing, etc.) Yes No
If yes, when? Constantly Sporadically Day Night

12. Where do you and your pet live? City Suburbs Rural

13. Percentage of time your pet spends: Indoors _____% Outdoors _____%

14. Has your pet ever been out of your home state or the United States? Yes No
If yes, where has your pet traveled? _____

15. What other pets are in the household? _____

16. Are any of the other pets affected by the problem? Yes No

*******PLEASE COMPLETE REVERSE SIDE*******

17. Do any human members of the household have skin problems or rash? Yes No
If yes, please describe _____
18. What kind of food(s) does your pet eat (Brand & type{dry or canned})? _____

19. Have there been any changes in your pet's diet? Yes No
If yes, was the pet's skin problem affected by the dietary change? Yes No
Describe the affect to the skin _____
20. Grooming History:
Frequency of baths _____
How long ago was the last bath given? _____
Name of shampoos/conditioners used ? _____
21. Are you using any flea medications on your pet? Yes No If yes, what kind?

How often do you give/apply this flea medication? _____
When was the last time you saw fleas on any of your pets? _____
21. What medications has your pet received for his/her skin problem in the past?

22. Which of these medications helped? _____
23. What medications is your pet currently receiving? (include any ear and eye medications)

24. If applicable, what is your pet's heartworm preventative? _____
25. Does your pet have exposure to any of the following?
 Cats Birds (in the home) Tobacco smoke Alfalfa fields
 Dogs Moldy areas Corn fields Grass pastures
 Basements Feathers (pillows, etc) Wool
26. Does your pet have any other medical problems? Yes No
If yes, please describe _____
27. Please list any other information that you think may be helpful. _____

******* Please return this to the reception staff or dermatology technician after it is completed. Thank you. *******