



Dermatology History Form

Dallas Veterinary Specialists
6150 E. Mockingbird, Suite 201
Dallas, TX 75214
T. 214.828.5800 Fax 469.334.0230

Client's Name _____ Pet's Name _____

Describe your pet's skin problem. _____

When did it first occur? _____

Was the onset gradual or sudden ? _____

Describe the skin problem as it first appeared. _____

What parts of your pet were first affected? _____

Has your pet always lived in this part of the country? YES NO

Does your pet spend most of its day indoors outdoors in-and-out

Describe the indoor environment of your pet (such as the pet's bedding, where it sleeps, etc.) _____

Describe the outdoor environment (grasses, weeds, wooded areas, etc.) _____

Is the skin problem intermittent or continual ?

Is there a relationship between the severity of your pet's skin condition and the season of the

year? YES NO If you answered YES, please describe. _____

Does your pet lick , chew , rub , or scratch any particular areas compulsively? YES NO

If your answer is YES, please explain. _____



In addition please grade severity. Number 1 being occasionally and 10 being sever by keeping you up all night. _____

Was itching the first sign of your pet's skin disease that you noticed? YES NO If you answered YES please explain. _____

Do you have any other pets? YES NO Please explain any other pets. _____

Do any of your pets have similar skin conditions? YES NO

Do any pets in the neighborhood have a similar problem? YES NO

Are you aware of any relatives of your pet having a similar problem? YES NO

Has anyone in your household had skin problems since they affected your pet? YES NO

Have you noticed fleas on your pet? YES NO

Do any other pets in your household have fleas? YES NO

What flea prevention are you using, and how often are you applying? _____

Has previous treatment for fleas helped your pet's problem? YES NO

What treatment has your pet received for its skin problem? If possible, provide drug names, dosages and duration of treatment. _____

Describe what response there was to this treatment. _____

Which medication was most effective in controlling your pet's skin problem? _____

What medication is your pet presently receiving and when was it last given? _____



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Have you been using any home remedies for your pet's skin condition? YES NO

Please describe _____

Does your pet have any other previously diagnosed medical or surgical problems unrelated to

the skin disorder? YES NO Please describe. _____

If so, is your pet presently receiving any medication for this disorder? YES NO

Please describe _____

What brand or brands of pet food and what treats or chew toys does your animal get? _____

What heartworm preventative is your pet taking? _____

Have you noticed any changes in your pet's eating or drinking habits? If so, please describe ____

Does your pet urinate more than usual? _____

Have you noticed any changes in activity level in your pet? If so, please describe _____

Thank you for your help!