



It is important to obtain a complete history in order to help in the diagnosis and management of your pet's skin disease. If you are unsure about any questions, just leave them blank and we'll help you answer them during your appointment. Please restrict your responses to the check boxes, circling yes / no, or brief answers only. We will obtain further detail during your initial appointment.

## Owner / Pet Information

### Owner Information

Name (last name, first name):

### Pet's Information

Name:

Age:

Breed:

Is your pet a  spayed female  intact female  neutered male  intact male

How long have you had your pet?

## Patient History

What skin problems does your pet have?

Itch (scratching, licking, chewing, excessive grooming)  Hair Loss

Persistent infections, rashes, or crusting  Toenail problems

Please circle the problem above that is of **most** concern to you.

How old was your pet when these problems began?

Less than 6 months of age  Less than 1 year of age  1 -3 years of age

Greater than 3 years of age (please specify):

How long has your pet had these problems?

### If your pet is itchy, please answer the following questions:

Did the itch start first? ( yes / no )

On a scale of 1-10 (1: mildly itchy; 10: severely itchy), how itchy is your dog / cat?:

What locations on the body are itchy? Check all that apply.

Feet  Face  Back  Belly  Ears (shakes head / scratches ears)

Other:

Above, please **circle** your pet's #1 location to scratch.

Is your pet's itch present year round? ( yes / no )

Is your pet's itch worse during certain seasons? Please circle: ( spring / summer / fall / winter )

Has your pet ever lived in another state?

If yes, what other state, and when did you move to Tennessee?

Has your pet had prior diagnostic tests for its skin problems? (check all that apply)

<input type="checkbox"/> Skin scrape	<input type="checkbox"/> Skin culture	<input type="checkbox"/> Allergy Testing
<input type="checkbox"/> Skin Biopsy	<input type="checkbox"/> Radiographs (x-rays)	
<input type="checkbox"/> Lab work		
<input type="checkbox"/> Basic blood work (CBC/ Chemistry)	<input type="checkbox"/> Urine Culture	
<input type="checkbox"/> Thyroid Testing	<input type="checkbox"/> Urinalysis	
<input type="checkbox"/> LDDST / ACTH STIM	<input type="checkbox"/> FeLV / FIV	

### Treatment History

Has your pet received any of the following regularly? Check all that apply:

**Antibiotics** Did the last course of antibiotics seem to help? ( yes / no )

**Anti-Fungals** (Ketoconazole, Fluconazole, etc..)

**Bathing / Topicals**

Regular Bathing ( # \_\_\_ per week / #\_\_\_ per month )  Sprays / Wipes

**Antihistamines**

<input type="checkbox"/> Benadryl (diphenhydramine)	<input type="checkbox"/> Atarax (hydroxyzine)
<input type="checkbox"/> Zyrtec (cetirizine)	<input type="checkbox"/> Allegra (fexofenadine)
<input type="checkbox"/> Claritin (loraditine)	<input type="checkbox"/> Elavil (amitriptyline)
<input type="checkbox"/> Chlortrimenton (chlorpheniramine)	<input type="checkbox"/> Tavist (clemastine)

**Allergy Vaccine**

How often was it given?

How long was the vaccine given?

**Steroids**

Temaril-P  Prednisone  Injection

**Atopica**

**Capstar**

**Apoquel**

Does your pet have any ear problems? ( yes / no )

If yes, please **circle** the following that you have observed: head shaking, pain, scratching, discharge, or odor

Do you clean your pet's ears? ( yes / no ) If yes, how often do you clean them?

Does your pet display any of the following signs? (check all that apply, and indicate an increase or decrease):

<input type="checkbox"/> increased / decreased drinking	<input type="checkbox"/> increased / decreased urination
<input type="checkbox"/> increased / decreased appetite	<input type="checkbox"/> excessive panting
<input type="checkbox"/> increased / decreased defecation	<input type="checkbox"/> soft stool / diarrhea
<input type="checkbox"/> frequent vomiting or regurgitation	<input type="checkbox"/> weight gain or loss

What was your pet's diet when the skin issue started?

Did you attempt to solve your pet's skin issue with a change in diet? ( yes / no )

If yes, please list diets below: (e.g. "science diet, sensitive skin formula")

Is your pet on a heartworm and flea/tick preventative?

<input type="checkbox"/> Heartgard	<input type="checkbox"/> Interceptor	<input type="checkbox"/> Sentinel	<input type="checkbox"/> Revolution
<input type="checkbox"/> Vectra 3D	<input type="checkbox"/> Comfortis	<input type="checkbox"/> Trifexis	<input type="checkbox"/> Frontline Plus
<input type="checkbox"/> Parastar	<input type="checkbox"/> Firstshield	<input type="checkbox"/> Wormshield	<input type="checkbox"/> Advantage / Advantix / Adv Multi
<input type="checkbox"/> NexGard	<input type="checkbox"/> Bravecto	<input type="checkbox"/> Seresto Collar	<input type="checkbox"/> Simparica

How often is a heartworm preventative given?

Monthly  Seasonally

How often is a flea control applied?

Monthly  Seasonally

Do you brush your animals teeth? ( yes / no )

Where does your pet spend most of their time?

Indoors  Outdoors  Equally indoor and outdoor

Do you have other pets in the house?

Dog(s)  Cat(s)  Other

If yes, are they exhibiting any skin problems or rash? ( yes / no )

Does your pet have any of the following medical conditions?

<input type="checkbox"/> Heart condition / murmur	<input type="checkbox"/> Seizures
<input type="checkbox"/> Diabetes	<input type="checkbox"/> History of pancreatitis
<input type="checkbox"/> Hypothyroidism	<input type="checkbox"/> Cushings Disease