

**KATY VETERINARY CLINIC**

**HISTORY FORM – SKIN PROBLEMS**

Client Last Name: \_\_\_\_\_, First Name: \_\_\_\_\_

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

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

1. Describe your pet's skin problem. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. When did the problem first appear? \_\_\_\_\_

3. Was the onset gradual [ ] or sudden [ ]?

4. Describe the skin problem as it first appeared. \_\_\_\_\_  
\_\_\_\_\_

5. What parts of your pet were first affected? \_\_\_\_\_  
\_\_\_\_\_

6. Has your pet always lived in this part of the country? YES [ ] NO [ ]

7. Does your pet spend most of its days indoors [ ], outdoors [ ], or in-and-out [ ]?

8. Describe the indoor environment of your pet (such as the pets bedding, where it sleeps, etc.) \_\_\_\_\_  
\_\_\_\_\_

9. Describe the outdoor environment (grasses, weeds, wooded areas, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Is the skin problem intermittent [ ] or continual [ ]?

11. 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. \_\_\_\_\_  
\_\_\_\_\_

12. Does your pet chew [ ], bite [ ], scratch [ ], rub [ ], or lick [ ] itself excessively?

13. Please grade the degree of chewing, scratching, itching, or licking. Number 1 being occasionally and 10 being severe, keeping you up at night. \_\_\_\_\_

14. Was itching the first sign of your pet's skin problem that you noticed? YES [ ] NO [ ]

15. Has your pet ever had ear problems? YES [ ] NO [ ] If YES, please explain. \_\_\_\_\_  
\_\_\_\_\_

16. Do you have any other pets? YES [ ] NO [ ] If YES, please describe. \_\_\_\_\_  
\_\_\_\_\_

17. Do any of your pets have similar skin conditions? YES [ ] NO [ ] N/A [ ]

18. Do any pets in the neighborhood have a similar problem? YES [ ] NO [ ] N/A [ ]

19. Are you aware of any relatives of your pet having a similar problem? YES [ ] NO [ ]

20. Has anyone in your household had skin problems since your pet was affected? YES [ ] NO [ ]

21. Have you noticed fleas on your pet? YES [ ] NO [ ]

22. Do any other pets in your household have fleas? YES [ ] NO [ ]

23. Has previous treatment for fleas helped your pet's problem? YES [ ] NO [ ] N/A [ ]

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

25. Describe what response there was to this treatment. \_\_\_\_\_  
\_\_\_\_\_

26. Which medication was most effective in controlling your pet's skin problem? \_\_\_\_\_  
\_\_\_\_\_

27. What medication is your pet presently receiving and when was it last given? \_\_\_\_\_  
\_\_\_\_\_

28. Have you been using any home remedies for your pet's skin condition? YES [ ] NO [ ] Please describe. \_\_\_\_\_  
\_\_\_\_\_

29. Does your pet have any other previously diagnosed medical or surgical problems unrelated to the skin disorder? YES [ ] NO [ ] Please describe. \_\_\_\_\_  
\_\_\_\_\_

30. If so, is your pet presently receiving any medication for this disorder? YES [ ] NO [ ] Please describe. \_\_\_\_\_  
\_\_\_\_\_

31. Have you noticed any changes in the health or behavior of your pet coincidental with the development of the skin condition? YES [ ] NO [ ] Please describe. \_\_\_\_\_  
\_\_\_\_\_

32. Describe the diet of your pet including brand names and percentage of each component that comprises the diet. \_\_\_\_\_  
\_\_\_\_\_