

DERMATOLOGY HISTORY FOR DOGS

Your Name _____ Your Dog's Name _____

Dog's Age _____ Breed _____ Sex _____

Primary concerns about your dog's skin: _____

When was this first noticed? _____

Onset rapid or gradual? _____

Does your dog itch? Yes No When? Constant Sporadic Night only

What time of year most itchy? Spring Summer Autumn Winter Year around

What part(s) of your dog is most itchy? _____

Where does your dog spend his day? _____ % indoor _____ % outdoor

What other pets live in your household? _____

What is the name of your dog's food? _____

What treats does your dog eat? _____

What flea control do you use and how often? _____

Do all the pets receive the same flea control at the same intervals? _____

How often to you bathe your dog? _____

Does your dog go swimming? _____

What medications is your dog taking at this time? _____

What other health problems does your dog have? _____

What previously prescribed medications have been of benefit? _____

Please share any additional information that you think is important.

BE SURE TO BRING THE PREVIOUS MEDICATIONS, PILLS, OINTEMENTS, EAR CLEANERS, SHAMPOOS, EVEN IF EMPTY TO THE CONSULTATION.

DO NOT BATHE YOUR DOG WITHIN 5 DAYS, DO NOT CLEAN OR TREAT EARS WITHIN 2 DAYS OF YOUR DOG'S APPOINTMENT.