

**Client Name:** \_\_\_\_\_ **Patient Name:** \_\_\_\_\_ **Sex:** \_\_\_\_\_  
**Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Species:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Breed:** \_\_\_\_\_

### Dermatology Work-Up

#### History (Subjective):

1. What is the skin problem? Itching \_\_\_ Rash \_\_\_ Oily Skin \_\_\_ Loss of hair \_\_\_ Redness \_\_\_ Dry Skin \_\_\_ Sores \_\_\_ Other \_\_\_\_\_
  2. At what age did you first notice the problem? \_\_\_\_\_
  3. Are the symptoms seasonal? Yes \_\_\_ No \_\_\_ Check season: Spring \_\_\_ Summer \_\_\_ Fall \_\_\_ Winter \_\_\_
  4. What did the problem look like when it first started? Itching \_\_\_ Redness \_\_\_ Pimples \_\_\_ Hair loss \_\_\_ Rash \_\_\_ Other \_\_\_\_\_
  5. Where did it start? Eyes \_\_\_ Ears \_\_\_ Nose \_\_\_ Neck \_\_\_ Back \_\_\_ Rump \_\_\_ Tail \_\_\_ Legs \_\_\_ Paws \_\_\_ Chest \_\_\_ Stomach \_\_\_ Groin \_\_\_
  6. Has it spread? Yes \_\_\_ No \_\_\_ If so, where? Explain \_\_\_\_\_
  7. Does your pet scratch, rub, chew, lick or bite? Yes \_\_\_ No \_\_\_ If yes, Where? Nose \_\_\_ Muzzle \_\_\_ Eyes \_\_\_ Ears \_\_\_ Neck \_\_\_ Back \_\_\_ Rump \_\_\_ Tail \_\_\_ Front Legs \_\_\_ Back Legs \_\_\_ Paws \_\_\_ Chest \_\_\_ Stomach \_\_\_ Groin \_\_\_ Axilla(Arm pit) \_\_\_
  8. Was itching the first thing noticed? Yes \_\_\_ No \_\_\_
  9. Please list other pets in your house: \_\_\_\_\_
  10. Do any of your other pets have skin problems? Yes \_\_\_ No \_\_\_ Explain: \_\_\_\_\_
  11. Does anyone in your household have a similar skin problem? Yes \_\_\_ No \_\_\_
  12. Percent of time your pet is: Indoors \_\_\_\_\_ Outdoors \_\_\_\_\_
  13. If female, and not spayed, has she had normal heat cycles? Yes \_\_\_ No \_\_\_ When last appeared \_\_\_\_\_  
Any pregnancies \_\_\_\_\_ Any problems \_\_\_\_\_
  14. If male, and not neutered, does he have normal interest in females? Yes \_\_\_ No \_\_\_
  15. Have you ever seen fleas on any of your pets? Yes \_\_\_ No \_\_\_ When \_\_\_\_\_
  16. Have you used any of the following? Flea spray \_\_\_ Flea Dips \_\_\_ Topical Drops \_\_\_ Flea Collar \_\_\_  
Powders \_\_\_ Shampoo \_\_\_ List other products \_\_\_\_\_
  17. Do you use insecticides in your home? Yes \_\_\_ No \_\_\_ In your yard? Yes \_\_\_ No \_\_\_
  18. Have you given benadryl or other over-the-counter medications? \_\_\_\_\_
  19. Did these medications help the problem? Yes \_\_\_ No \_\_\_ Some \_\_\_ For a while \_\_\_
  20. Does your pet use food supplements or vitamins? Yes \_\_\_ No \_\_\_ What? \_\_\_\_\_
  21. Check seasons when your pet is on heartworm prevention: Spring \_\_\_ Summer \_\_\_ Fall \_\_\_ Winter \_\_\_
  22. What brand of food do you feed your pet? \_\_\_\_\_
  23. Does your pet do or have any of the following? Cough \_\_\_ Sneeze \_\_\_ Vomit \_\_\_ Runny Nose \_\_\_ Runny  
Eyes \_\_\_ Diarrhea \_\_\_ Poor Appetite \_\_\_ Excessive Appetite \_\_\_ Excessive Thirst \_\_\_ Worms \_\_\_ Shake  
head \_\_\_ Trouble with urination \_\_\_ Urinary Accidents \_\_\_
  24. Does or did your pet have any other illnesses? Yes \_\_\_ No \_\_\_ If yes,  
Explain: \_\_\_\_\_
-