

The University Of Missouri – College of Veterinary Medicine

DERMATOLOGIC HISTORY FORM

Your pet's dermatological history is very important; please be as complete and accurate as possible. Thank you.

Pet's Name _____ Allergies to medications: _____

1. How old was your pet when obtained? _____
2. Where was your pet obtained? Breeder Pet Shop Private Animal shelter Stray
Other _____ State pet was born _____
3. Describe your pet's problem _____

4. Date problem was first noticed _____
5. Onset: Sudden Gradual
6. Has the problem ever been seasonal? Yes No
If yes, when was the problem worse? Spring Summer Fall Winter
7. Is the problem still seasonal? Yes No
If yes, when is the problem worse? Spring Summer Fall Winter
8. Where on your pet's body did the problem first begin?

9. What did the problem look like when it first began? _____

10. How has the problem changed or spread? _____

11. Is your pet itchy? (Itch = scratching, biting, chewing, licking, rubbing, etc.) Yes No
If yes, when? Constantly Sporadically Day Night
12. Where do you and your pet live? City Suburbs Rural
13. Percentage of time your pet spends: Indoors _____% Outdoors _____%
14. Briefly describe your pet's indoor environment _____

15. Briefly describe your pet's outdoor environment _____

16. Approximately how old is your home? _____
17. Has your pet ever been out of your home state or the United States? Yes No
If yes, where has your pet traveled? _____

18. What other pets are in the household? _____

Please complete reverse side→

19. Are any of the other pets affected by the problem? Yes No
20. Do any human members of the household have skin problems or rash? Yes No
If yes, please describe _____
21. Does your pet have exposure to any of the following?
- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Cats | <input type="checkbox"/> Birds (in the home) | <input type="checkbox"/> Tobacco smoke | <input type="checkbox"/> Alfalfa fields |
| <input type="checkbox"/> Dogs | <input type="checkbox"/> Moldy areas | <input type="checkbox"/> Carpet deodorizers | <input type="checkbox"/> Corn fields |
| <input type="checkbox"/> Rabbits | <input type="checkbox"/> Basements | <input type="checkbox"/> Wandering Jew plants | <input type="checkbox"/> Wheat fields |
| <input type="checkbox"/> Horses (within 1 mile) | <input type="checkbox"/> Scented litter | <input type="checkbox"/> Black Ants | <input type="checkbox"/> Grass pastures |
| <input type="checkbox"/> Cattle (within 1 mile) | <input type="checkbox"/> Feather pillows, etc. | <input type="checkbox"/> Plastic bowls | |
22. Describe your pet's diet (Be as specific as possible—brand & type (dry, semi-moist, canned) & duration fed
- a. Commercial pet food _____
- b. Table foods _____
- c. Treats _____
- d. Supplements _____
- e. Other _____
23. Have there been any changes in your pet's diet? Yes No
If yes, was the pet's skin problem affected by the dietary change? Yes No
Describe the affect to the skin _____
24. Grooming History: Frequency of brushing or combing per month _____
Frequency of baths _____
How long ago was the last bath given? _____ with which
shampoo? _____
Conditioners/cream rinses used _____
25. Are you using any flea medications on your pet? Yes No If yes, what kind? _____
How often to you give/apply this flea medication? _____
When was the last time you saw fleas on any of your pets? _____
26. What medications has your pet received for his/her skin problem in the past? Which ones helped?

27. What medications is your pet currently receiving? (include any ear and eye medications)

28. If applicable, what is your pet's heartworm preventative? _____
29. Does your pet have any other medical problems? Yes No
If yes, please describe _____
30. Please list any other information that you think may be helpful. _____

Please return this to the reception staff, veterinary medical student, or technician after it is completed. Thank you.