

# Dermatology History

## McKeever Dermatology Clinics, Inc.

Owner \_\_\_\_\_ Pet \_\_\_\_\_ Date \_\_\_\_\_

What symptoms prompted this visit? \_\_\_\_\_

### Past History

1. Is your pet's attitude:       Alert       Depressed
2. Is your pet's weight:       Stable       Increasing       Decreasing
3. Past illnesses and injuries \_\_\_\_\_
4. Does your pet cough, sneeze or have a post-nasal drip:       Rarely       Occasionally       Frequently
5. Does your pet have difficulty breathing or fatigues easily:       Rarely       Occasionally       Frequently
6. Is your pet's appetite:       Normal       Increasing       Decreasing       Selective
7. What type of food is your pet currently being fed?       Dry       Canned       Semi-moist

Brand \_\_\_\_\_ Treats \_\_\_\_\_ Other food \_\_\_\_\_

8. Has the diet been changed?       Yes       No
9. Is your pet's water consumption:       Normal       Increasing       Decreasing       Unkown
10. Does your pet vomit?       Rarely       Occasionally       Frequently
11. Is the frequency of urination:       Normal       Increasing       Decreasing       Unkown
12. Does your pet have a nervous temperament, easily excited or destructive?       Yes       No

If so, explain \_\_\_\_\_

13. Is there discharge from the eye(s):       Rarely       Occasionally       Frequently
14. Does your pet shake its head:       Rarely       Occasionally       Frequently
15. Does your pet scratch its ears:       Rarely       Occasionally       Frequently
16. Is there an odor from the ears:       Rarely       Occasionally       Frequently

### Environmental History

1. Does your pet live:       Inside       Outside       Both
2. Does your pet sleep in places that are:       Cool       Warm

Where does your pet sleep and what does it sleep on?  
\_\_\_\_\_

### Miscellaneous History

1. Do the parents or siblings of your pet have a skin problem?       Yes       No       Unknown
2. Do you have other pets?       Yes       No
3. If yes, do your other pets have a similar problem?       Yes       No
4. Do any humans in your household have a skin problem?       Yes       No
5. Have any of your pets had fleas, lice, ticks, or any other external parasites in the last year?       Yes       No       Unknown

## Present Skin Condition

1. Date of onset of present skin condition \_\_\_\_\_
2. Age of animal at onset of skin condition \_\_\_\_\_
3. Was the onset:  Rapid  Slow
4. Does the skin problem itch?  Yes  No  
Is there excessive licking, biting, scratching, or chewing of the skin?  Yes  No
5. If there is itching, please answer the following:
  - a. Is the itch:  Mild  Moderate  Severe
  - b. Does your pet itch excessively over the entire body?  Yes  No
  - c. Does your pet itch a particular area of the body?  Yes  No  
If yes, what area \_\_\_\_\_
  - d. Does your pet chew its paws frequently?  Yes  No
  - e. Does your pet stay awake at night itching?  Yes  No
6. Are the symptoms:  Non-seasonal  Seasonal  Unknown  
If seasonal, which seasons is your pet worse?  Winter  Spring  Summer  Fall
7. What area of the body was first involved? \_\_\_\_\_
8. What area of the body was involved next? \_\_\_\_\_
9. What was the initial appearance of the skin? \_\_\_\_\_
10. What aggravates the condition? \_\_\_\_\_
11. What do you think caused the problem? \_\_\_\_\_

## Treatments Used

Medication

Dose

Result

---

---

---

---

---

---

---

---