

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 Unknown
10. Does your pet vomit? Rarely Occasionally Frequently
11. Is the frequency of urination: Normal Increasing Decreasing Unknown
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 their head: Rarely Occasionally Frequently
15. Does your pet scratch their 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
3. Where does your pet sleep and what do they 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

