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### DERMATOLOGY HISTORY

Client \_\_\_\_\_ Patient \_\_\_\_\_

Age \_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_ Spayed or Neutered \_\_\_\_\_ Y N

Today's Date \_\_\_\_\_

CHIEF COMPLAINT (S)

\_\_\_\_\_

Age your pet was obtained \_\_\_\_\_ From where \_\_\_\_\_

Age when problem first noticed \_\_\_\_\_ Onset: Sudden \_\_\_\_ Slow \_\_\_\_

Is there a seasonal influence? No \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_ Fall \_\_\_\_ Winter \_\_\_\_

Where on the body did the problem begin?

\_\_\_\_\_

What did it look like then?

\_\_\_\_\_

Does the animal itch? Yes \_\_\_\_ No \_\_\_\_ When? Constant \_\_\_\_ Sporadic \_\_\_\_ Night \_\_\_\_

Please rate the degree of itching from 0-10, with 10 being constant itching day and night,  
and 0 an occasional itch or scratch

\_\_\_\_\_

What other animals do you own? Describe

\_\_\_\_\_

Do other animals or people in the household have skin problems, rash ?

\_\_\_\_\_

Describe the animal's indoor environment, time (%)

\_\_\_\_\_

Describe the animal's outdoor environment, time (%)

\_\_\_\_\_

What does the animal sleep on?

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What diagnostic tests have been performed?

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What topical treatment has been used? Success?

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What oral or injectable treatment(s) has been used? Success?

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Do you have any thoughts as to the cause? What makes it worse?

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When was the last time you saw fleas on any of your pets? \_\_\_\_\_

Describe your flea control

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Date of last application \_\_\_\_\_

Animal's diet (including snacks & treats)

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Reproductive history: age of neutering? \_\_\_\_\_ Date, duration of last estrus \_\_\_\_\_

Medical history: previous diseases, treatments, results

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Is the animal on any medications at present? Yes \_\_\_ No \_\_\_ Which ones?

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What other facts do you think would be helpful?

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