

TWEED VETERINARY SERVICES

Dermatology History Form

Owner: _____ Client: _____ Patient: _____

Breed: _____ Sex: _____ Age: _____ Weight: _____ Date: _____

1. Please describe your pet's skin problem: _____

2. Age when purchased: _____ 3. Age when problem started: _____

4. Where on the body did the problem start? _____

5. Is the problem: ☐ Seasonal ☐ Year-Round? Triggered by anything? _____

6. Please give us details by what triggers the itch: _____

7. Does your pet itch? Yes ☐ / No ☐

8. Where does your pet itch? Face ☐ Ears ☐ Paws ☐ Back ☐ Perianal ☐

9. Is the itch worse when your pet is # Indoor ☐ Outdoors ☐ Nighttime ☐ Daytime ☐

10. Have you changed to new food or pet's living environment? Yes ☐ No ☐

11. Do you have other pets? Dog ☐ / Cat ☐ Have skin problems? Yes ☐ / No ☐

12. What brand of food do you feed your pet: _____ Dry ☐ / Canned ☐

13. What type of supplements do you feed your pet? _____

14. Does your pet have loose stools? Yes ☐ / No ☐

15. Does your pet vomit frequently? Yes ☐ / No ☐

16. Does your pet drink excessively? Yes ☐ / No ☐

17. Does your pet urinate frequently? Yes ☐ / No ☐

18. Please list any medications your pet has or had on currently? _____

19. Have any medications helped? _____ Is your pet dewormed? Yes ☐ / No ☐

20. How often do you bathe your pet? Daily ☐ Weekly ☐ Monthly ☐ Yearly ☐ Never ☐

21. What type of flea control do you use? Oral ☐ Topical ☐ Collar ☐ None ☐

22. What do you feel is the cause of your pet's skin problem? _____