



Skin Form

Patient Name: _____ Date: _____

What are your primary Concerns?

What changes do you see as a problem:

hair loss__ Scratching__ red skin__ red ears__ ear discharge__ Skin lesions (sores)__

foul odor__ no response to previous treatment__

Where on the body did the problem first appear? _____

When did disease first start? _____

How has it progressed? Slow (months to years) __ Rapid (days to weeks) __ Slow at first then more rapid__

Does your pet itch? Grade from 1(mild) to10 (severe/constant) _____

If yes to itching, check all that apply: biting__ scratching__ licking__ chewing__ gnawing__ rubbing__
scotting__

Where: head/face__ mouth/muzzle__ ears__ neck__ chest__ belly__ back__ armpit__ groin__ tail base__ thighs__
legs__ feet__ toes/nails__ other _____

In which season did the itching start: Spring__ Summer__ Fall__ Winter__

In which season is it present: Spring__ Summer__ Fall__ Winter__

Which season is it at its worse: Spring__ Summer__ Fall__ Winter__

What came first: Itching then lesions (rash, hair loss, red skin etc.) __ Lesions then itching__ Don't Know__

Has your pet had an ear disease or had treatment with ear medication. _____

When last was the ear disease or ear treatment? _____

Does your pet have hearing loss? _____

CURRENT DIET

Commercial food: _____

Table food/scraps: _____

Treats: _____

Supplements: _____

Medications flavored or chewable: _____

Previous diets:

Type (name): _____ Duration _____

Type (name): _____ Duration _____

Known reactions to food/treats/diet in the past: Reacts to: _____

Type of reaction: _____

Current treatments for non-skin or ear disease _____

Previous drug reactions? Yes or no. If yes, describe: _____

How often is pet bathed? _____ When was pet last bathed? _____

Shampoo Brand _____ Conditioner Brand _____

When was last time pet had topical medication applied? _____

Have you changed shampoo or topical treatment recently? _____