

DERMATOLOGIC HISTORY

Memphis Veterinary Specialists and Emergency

We would appreciate your cooperation in providing us with the following information. Please circle the appropriate response(s) or use the spaces provided.

Client Name: _____ Patient Name: _____

1. Describe your pet's skin problem. _____

2. When did the problem first appear? _____

3. Was the onset gradual or sudden? _____

4. Describe the problem as it first appeared. _____

5. What parts of your pet were first affected? _____

6. Has your pet always lived in this part of the country? YES NO

If you answered, "no" please explain. _____

7. From where did you obtain your pet? _____

8. How long have you had your pet? _____

9. Where does your pet spend most of its day?

INDOORS OUTDOORS IN and OUT

10. Describe the indoor environment of you pet (such as pet's bedding, where it sleeps) _____

11. Describe the outdoor environment (grasses, weeds, wooded areas, etc.) _____

12. Which of the following best fits your pet's skin problem?

INTERMITTENT CONTINUAL

13. Is there a relationship between the severity of your pet's skin condition and the season of the year? YES NO

If "yes," please explain. _____

14. Which of the following does your pet do excessively (circle more than one if applicable)?

CHEW BITE LICK RUB SCRATCH NONE

All of these are signs of itching; please rate the level of itching on a scale of 1-10 with 10 being severe. _____

15. If present, what are the primary areas that your pet licks, chews, rubs, or scratches? _____

16. Was itching the first sign of your pet's skin disease that you noticed?

YES NO

If "no," please write the first signs noticed. _____

17. Has your pet ever had ear problems? YES NO

If "yes," please explain. _____