

**Alabama Veterinary Allergy and Dermatology Service**  
History Form

Owner \_\_\_\_\_ Pet's name \_\_\_\_\_ Date \_\_\_\_\_  
Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

1. What is the primary complaint? \_\_\_\_\_
2. How long have you owned this pet? \_\_\_\_\_
3. How did you acquire this pet (breeder, adopted, humane society, stray, etc)? \_\_\_\_\_
4. Where there any skin or health problems at the time you acquired the pet?  
\_\_\_\_\_
5. When did the skin problems begin? \_\_\_\_\_
6. Is the condition seasonal or non-seasonal? \_\_\_\_\_
7. How old was your pet when the skin problems begin? \_\_\_\_\_
8. Is your pet itchy (meaning licking, biting, chewing, scratching)? \_\_\_\_\_
9. What areas of the body are most itchy? \_\_\_\_\_
10. Does your pet chew his/her paws? \_\_\_\_\_
11. Does your pet scoot his/her rearend? \_\_\_\_\_
12. What lesions do you see on your pet? Sores \_\_\_\_\_, scabs \_\_\_\_\_, scale \_\_\_\_\_, hair loss \_\_\_\_\_, odor \_\_\_\_\_, redness \_\_\_\_\_, ear problems \_\_\_\_\_, crusting \_\_\_\_\_, bumps \_\_\_\_\_
13. If you had to grade your pet's level of itching on a scale of 0-10 (0 being comfortable, 10 being miserable), what grade would you give him/her? \_\_\_\_\_
14. Are the symptoms worse indoors or outdoors? \_\_\_\_\_
15. Is your pet on any flea control? If so, which brand \_\_\_\_\_
16. When was the last time you saw a flea on your pet? \_\_\_\_\_
17. Do any humans in the household have any skin problems? \_\_\_\_\_
18. What food is your pet currently eating? \_\_\_\_\_ What is the protein source (chicken, turkey, fish, beef, lamb, etc) \_\_\_\_\_ Dry \_\_\_\_\_ or Canned \_\_\_\_\_
19. Is your pet allergic to any foods? If so list them: \_\_\_\_\_
20. Where does your pet sleep? \_\_\_\_\_
21. Does your pet get any treats or table food? If so, list them: \_\_\_\_\_
22. Does bathing your pet help or aggravate the symptoms? \_\_\_\_\_
23. Is your pet currently taking any medications? If so, list them: \_\_\_\_\_
24. Has your pet been treated with any steroids? \_\_\_\_\_ Tablets \_\_\_\_\_ Injection \_\_\_\_\_ Spray \_\_\_\_\_
25. Have you notice any change in urination? If so, describe \_\_\_\_\_
26. Have you noticed any change in water intake? If so, describe \_\_\_\_\_
27. Have you noticed any loose stools? If so, describe \_\_\_\_\_
28. Has your pet's energy level changed? If so, describe \_\_\_\_\_
29. Has your pet been diagnosed with any additional medical problems not associated with the skin? \_\_\_\_\_
30. Is your pet current on vaccinations? \_\_\_\_\_ When were they given? \_\_\_\_\_
31. Which heartworm prevention is your pet taking? \_\_\_\_\_ Is it current? \_\_\_\_\_