

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 diet is your pet currently eating? _____ 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. Is your pet current on heartworm prevention? _____ When was it last given? _____