



Short Pump Animal Hospital



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DERMATOLOGY HISTORY FORM

Chief complaints: _____

Age and location at which pet was purchased: _____

Has pet been out of the area? _____

If yes, where? Day Care () Kennel () Groomer () Pet Show () Vacation () Other ()

Does pet itch, scratch, bite, lick, chew? _____

If so, when? Constantly() Sporadically () Day () Night () after bath ()

Where? Feet () Belly () Head () Back () Front legs ()

Back legs () Chest () Other ()

When was problem first noticed? _____ How old

was pet when problem first noticed? _____

Is problem year-round? () or seasonal () If seasonal, when is it worse? _____

Where on body did problem begin? _____

What did it look like then? _____

How has it changed or spread? _____

Have you noticed any odor from skin? _____ Explain _____ List all

other pets: _____ Do they have any

skin problems? _____ If so,

describe: _____ When did you

last see fleas? _____ Do you use any insecticides in/on pet, in house or

yard? _____ If yes, name them _____

Describe pet's indoor environment _____ What

percent of time is pet indoors / outdoors _____ % _____ %

Describe outdoor environment _____

Pet's diet: Brand _____ Canned _____ Dry _____ Soft moist _____ Table/people

foods _____ Supplements _____ Food additives _____ Other _____

What medications have been used? List effects and dates used.

Topicals (include shampoos and conditioners) _____

Oral: _____

Injections: _____

Other illnesses of pet and any drug reactions: _____

How often groomed and by whom: _____

What other fact do you think would be helpful? _____