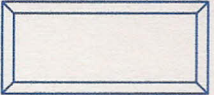


**ANIMAL DERMATOLOGY CLINIC**

7023 S.W. Beaverton Hillsdale Hwy.  
Portland, OR TEL: 503-297-2225

**DERMATOLOGY HISTORY FORM**

OWNER: \_\_\_\_\_ PET: \_\_\_\_\_ FILE #: 

Please describe your pet's skin problem \_\_\_\_\_

Age when purchased \_\_\_\_\_ Age when problem started \_\_\_\_\_

Where on the body did the problem start? \_\_\_\_\_

Is the problem  Seasonal  Year round? Triggered by anything? \_\_\_\_\_

Does your pet itch?  Yes  No Where?  Face  Paws  Back  Rear

Is the itch worse when your pet is  Indoors  Outdoors  Night Time  Day Time

Has a change in your pet's living environment ever helped his/her skin?  Yes  No

Do you have other pets?  Dog  Cat Other \_\_\_\_\_ Have skin problems?  Yes  No

Are there any skin problems in any relatives of your pet?  Yes  No

What brand of food do you feed your pet? \_\_\_\_\_  Dry  Canned

What type of supplements do you feed your pet? \_\_\_\_\_

Does your pet have loose stools?  Yes  No Does your pet vomit frequently?  Yes  No

Does your pet drink excessively?  Yes  No Does your pet urinate excessively?  Yes  No

Please list any medications your pet has had or is on currently: \_\_\_\_\_

Have any medications helped? \_\_\_\_\_ Is your pet dewormed?  Yes  No

How often do you bathe your pet?  Daily  Weekly  Monthly  Yearly  Never

What type of flea control do you use?  Oral  Topical  Collar  None  Other \_\_\_\_\_

What do you feel is the cause of your pet's skin problem? \_\_\_\_\_