

**ARIZONA ANIMAL WELLNESS CENTER
DERMATOLOGY HISTORY FORM**

1. Pet's Name: _____
2. Pet's Breed: _____
3. Date of birth, if known: _____
4. Age and place of adoption: _____
5. Has your pet always lived in Arizona? _____
6. Any travel outside of AZ? _____ Where? _____
7. At what age did skin or ear problems FIRST start? *Please include the earliest time that you noticed any problems, even if it was during a prior year:* _____

8. Is or was the problem originally worse during any time of the year? If yes, what months or seasons? _____
9. Please rate your pet's current level of itching on a scale of 1-10 (10 being the itchiest). If your pet's problem varies throughout the year, please give a score at the various times:
 - Year Round
 - Spring
 - Summer
 - Fall
 - Winter
10. Are any animals or people that are in contact with your pet having any rashes or itching since your pet's problems started? _____
11. Are there any other pets at home or to which your pet is exposed? *Don't forget dog parks, day care, visitors, etc:* _____
12. Does your pet stay at any different houses? If yes, does the skin problem worsen, improve, or remain the same? _____
13. Does anyone your pet comes in contact with smoke? _____
14. My pet chews, rubs, licks, bites: (circle all that apply)
 - Front paws Rear paws Chin Eyes Ears (Right/Left) Neck Elbows*
 - Back Belly Ankles Armpits Tail Rump/Lower Back*
 - Scoots rear end on ground*

15. What kind of food does your pet eat (*dry vs. canned, brand if known*): _____

16. Has your pet's diet ever been changed to a hypoallergenic diet? If so, how long did your pet eat this diet? Were other food, treats and flavored medications withheld during this time? _____

17. What kind of treats/bones do you give your pet? _____

18. Are you currently using flea preventative for your pet? If yes, what kind and how often do you administer? _____

19. Are you current administering heartworm preventative? If yes, what kind and do you give it year-round or seasonally? _____

20. Please list any medications that you have tried (or are currently using) for this problem. If possible, please list the dose and duration and note if any of the medications were used at the same time.

Please include **shampoos, sprays, lotions, ear drops, ear cleansers, medications by mouth:**

Medication	Duration	Response	Side Effects

21. Please note if you have any difficulty:

Bathing your pet: _____

Giving medications by mouth: _____

Applying medications: _____

Other: _____

22. Besides the skin problems, is your pet experiencing any other problems?

Any vomiting? If yes, how often? _____

Any diarrhea? If yes, how often? _____

Any coughing? If yes, how often? _____

Any sneezing or discharge from the nose? _____

Any discharge from the eyes? If yes, which eye? _____

23. Has your pet's water drinking or number of urinations per day or amount urinating changed recently? If yes, in what way? _____

24. Has your pet's energy level decreased? _____
25. Has your pet experienced any unexpected weight loss or weight gain? _____

Thank you for spending your time answering our questions. Please feel free to add any other information that you feel may be helpful to us in treating your pet:
