



DERMATOLOGY & ALLERGY CLINIC FOR ANIMALS

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Patient History

Pet Name: _____

Chief Complaint: _____

Where was your pet acquired? Shelter Breeder Friend Other _____

Age of pet when acquired _____ Age Now _____ Date the problem started _____

Is the problem: Seasonal Continuous - - If continuous, was it initially seasonal? YES NO NOT SURE

What was the problem initially? HAIR LOSS RASH REDNESS NORMAL SKIN/ITCHY

Where? _____

Nose Ears Eyes Chest Back Neck Rump Tail
 Armpit Front legs Front paws Back legs Back Paws Abdomen Groin

Has it spread? No Yes Describe: _____

What medications has your pet been given for this problem:

Which, if any have helped?

Do you have other pets? #Cats _____ #Dogs _____ #Other: _____

Do your other pets have skin problems? No Yes Describe: _____

Have any people in your house had skin problems recently? No Yes Describe: _____

Percent of time pet is indoors? _____%. Outdoors? _____% Are symptoms worse in: AM PM

Explain: _____

When was your pet spayed or neutered? _____. Do any of your pets relatives have skin issues that you know of? No Yes Describe: _____

What do you use for FLEA control? _____

What diet does your pet eat? _____ How long on this diet? _____

Does your pet have any other health problems?
