



PATIENT HISTORY

CLIENT NAME _____ PET'S NAME _____

1. Has your pet always lived in the Chicagoland area? _____
2. Chief complaint(s) _____
3. When did the problem start? _____ What was the first symptom you noticed? _____
4. Is it a seasonal or continuous problem? _____ If continuous, was it initially seasonal? _____
5. Is there a time when the disease is less severe or the itching less intense? _____
6. What was the problem like initially? Itchy skin _____ Hair loss _____ Rash _____ Pimples _____
Redness _____ Other _____
7. Where did it start? Nose _____ Eyes _____ Ears _____ Neck _____ Back _____ Rump _____ Tail _____
Front legs _____ Front paws _____ Back legs _____ Back paws _____ Chest _____ Abdomen _____
Groin _____ Other _____
8. Does your pet currently scratch, rub, chew, lick or bite the following areas? Nose _____ Muzzle _____
Eyes _____ Ears _____ Neck _____ Rump _____ Back _____ Tail _____ Front legs _____
Front paws _____ Back legs _____ Back paws _____ Abdomen _____ Armpits _____ Chest _____
Groin _____ Other _____
9. Do you have other pets? _____ If so, please describe _____
10. Do any of your other pets have skin problems? _____ If so, please describe _____
11. Do any relatives of your pet have skin problems? _____ If so, please describe _____
12. Do any people in your household have skin problems? _____
13. What percent of time does your pet spend: Indoors _____ Outdoors _____
14. Is your pet ever boarded or does he/she go to daycare? _____ If so, where/how often? _____
15. Has your pet been spayed/neutered? _____ If so, at what age? _____
16. Do you use flea control? _____ If so, what brand and how often? _____
17. Do you use heartworm preventative? _____ If so, what brand and how often? _____
18. Do you use insecticides in your home? _____ If so, what brand and how often? _____
19. List any medications/injections your pet has been on for the problem: _____

Did any of these help the problem? _____ If so, which? _____

20. What medications is your pet currently on (please also include what dose/how often)? _____

21. What vitamins, diet supplements, etc have been given? _____
22. What is your pet's regular diet (please include brand and variety)? _____
What treats or table scraps is your pet given? _____
23. Has your pet ever had food or treats containing: venison _____ rabbit _____ duck _____
24. Do you bathe your pet? _____ If so, how often and what do you use? _____
25. Do you clean your pet's ears? _____ If so, how often and what do you use? _____
26. Does your pet have a history of ear infections? _____
27. Does your pet do/have any of the following? Cough _____ Sneeze _____ Vomit _____
Diarrhea _____ Increased appetite _____ Urinate excessively _____ Drink excessively _____
If yes to any of the above, what frequency? _____
