



Date: \_\_\_\_\_ Patient: \_\_\_\_\_

### PATIENT HISTORY

Age of pet when acquired: \_\_\_\_\_ Age of pet now: \_\_\_\_\_

How long has your pet had a skin/ear problem? \_\_\_\_\_ Sudden onset or seasonal? \_\_\_\_\_

Is the problem seasonal? \_\_\_\_\_ If yes, which season is worse? \_\_\_\_\_

Other pets in the environment? \_\_\_\_\_ How many of each?

Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Birds \_\_\_\_\_ Rabbits \_\_\_\_\_ Rodents \_\_\_\_\_

Farm Animals \_\_\_\_\_

Do any other **animals** have skin problems? \_\_\_\_\_ Describe: \_\_\_\_\_

Do any other **people** have skin problems? \_\_\_\_\_ Describe: \_\_\_\_\_

What do you use for flea control? \_\_\_\_\_

What **DOG FOOD**, treats, etc. does your pet eat? \_\_\_\_\_

Please LIST any medications, vitamins or supplements that your pet is currently receiving. \_\_\_\_\_

Does your pet do any of the following:  Cough  Sneeze  Runny Eyes  Vomit

Diarrhea  Limp  Drink excessively  Urinate Excessively  Seizure

Additional comments: \_\_\_\_\_