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### DERMATOLOGY HISTORY FORM

Owner \_\_\_\_\_ Address \_\_\_\_\_

Pet's Name \_\_\_\_\_

Date \_\_\_\_\_

What symptoms prompted you to seek a Veterinary Dermatologist?

\_\_\_\_\_

#### PAST HISTORY

1. How long have you owned your pet?

\_\_\_\_\_

2. From where did you get your pet? (breeder, pet shop, animal rescue shelter,

other \_\_\_\_\_)

3. Past illnesses or injury

\_\_\_\_\_

4. Approximately what date did you first notice a problem with skin/coat/ears or with

itching \_\_\_\_\_

#### PRESENT HISTORY

1. Is your pet's attitude: \_\_\_ Alert \_\_\_ Depressed

2. Is your pet's weight: \_\_\_ Stable \_\_\_ Increasing \_\_\_ Decreasing

3. Is your pet's appetite: \_\_\_ Normal \_\_\_ Increased \_\_\_ Decreased \_\_\_ Selective

4. Diet: Dry/Canned/Semi-Moist (name type and brand name)

\_\_\_\_\_

Other food \_\_\_\_\_

Treats \_\_\_\_\_

What did your pet eat over the last 48 hours? \_\_\_\_\_ Has the diet been changed?

\_\_\_ Yes \_\_\_ No

If so, how? \_\_\_\_\_

5. Sexual status of your pet? \_\_\_ Intact \_\_\_ Neutered

6. If female, is she pregnant? \_\_\_ No \_\_\_ Yes \_\_\_ Unknown
7. If female, has she ever had a false pregnancy? \_\_\_ No \_\_\_ Yes \_\_\_ Unknown
8. If intact female, are her heat cycles regular? \_\_\_ No \_\_\_ Yes \_\_\_ Unknown
9. If intact female, what is the interval between heat cycles? \_\_\_\_\_
10. Is your pet's water consumption: \_\_\_ Normal \_\_\_ Increased \_\_\_ Decreased \_\_\_ Unknown
11. Does your pet urinate in the middle of the night? \_\_\_ No \_\_\_ Yes \_\_\_ Unknown
12. Is the volume of urination: \_\_\_ Normal \_\_\_ Increased \_\_\_ Decreased \_\_\_ Unknown
13. Is the frequency of urination: \_\_\_ Normal \_\_\_ Increased \_\_\_ Decreased \_\_\_ Unknown
14. Does your pet scoot his rear on the floor? \_\_\_ No \_\_\_ Yes \_\_\_ Unknown
15. Does your pet limp or have any gait abnormalities? \_\_\_ No \_\_\_ Yes \_\_\_ Unknown
16. Does your pet cough? \_\_\_ No \_\_\_ Yes \_\_\_ Unknown
17. Does your pet sneeze? \_\_\_ No \_\_\_ Yes \_\_\_ Unknown
18. Does your pet have post nasal drip? \_\_\_ No \_\_\_ Yes \_\_\_ Unknown
19. Does your pet's nose run? \_\_\_ No \_\_\_ Yes \_\_\_ Unknown
20. Does your pet have difficulty breathing? \_\_\_ No \_\_\_ Yes \_\_\_ Unknown
21. Does your pet fatigue easily? \_\_\_ No \_\_\_ Yes \_\_\_ Unknown
22. Does your pet have any weaknesses? \_\_\_ No \_\_\_ Yes \_\_\_ Unknown
23. Does your pet vomit? \_\_\_ No \_\_\_ Yes \_\_\_ Unknown
24. Are your pet's bowel movements: \_\_\_ Normal \_\_\_ Hard \_\_\_ Diarrhoea
25. Does your pet have a nervous temperament? \_\_\_ No \_\_\_ Yes \_\_\_ Unknown
26. Does your pet have any abnormal behaviour? \_\_\_ No \_\_\_ Yes \_\_\_ Unknown
- If so, explain \_\_\_\_\_
27. Is your pet easily excited? \_\_\_ No \_\_\_ Yes \_\_\_ Unknown
- If so, explain \_\_\_\_\_
28. Is your pet destructive? \_\_\_ No \_\_\_ Yes \_\_\_ Unknown
- If so, explain \_\_\_\_\_
29. Is there any discharge from the eyes? \_\_\_ No \_\_\_ Yes \_\_\_ Unknown
30. Are there any problems with vision? \_\_\_ No \_\_\_ Yes \_\_\_ Unknown
31. Does your pet shake its head frequently? \_\_\_ No \_\_\_ Yes \_\_\_ Unknown
32. Does your pet scratch at its ears frequently? \_\_\_ No \_\_\_ Yes \_\_\_ Unknown
33. Is there an odour from the ears? \_\_\_ No \_\_\_ Yes \_\_\_ Unknown
34. Is there any problems with hearing? \_\_\_ No \_\_\_ Yes \_\_\_ Unknown

## ENVIRONMENTAL HISTORY

1. Does your pet live: \_\_\_ Inside \_\_\_ Outside \_\_\_ Both
2. Is your pet allowed on the beds and furniture? \_\_\_ No \_\_\_ Yes \_\_\_ Unknown
3. Does your animal like to sleep in places that are: \_\_\_ Cool \_\_\_ Warm
4. What kind of carpeting do you have? \_\_\_\_\_
5. What is your pet's bed (bedding) made of? \_\_\_\_\_
6. Around your home, what are the prominent:  
Grasses \_\_\_\_\_ Shrubs \_\_\_\_\_  
Trees \_\_\_\_\_ Farm crops \_\_\_\_\_
7. How often do you bathe your pet? \_\_\_\_\_
8. What kind of shampoo do you use on your pet? \_\_\_\_\_
9. What kind of conditioners are used? \_\_\_\_\_

## MISCELLANEOUS HISTORY

1. Do the parents or siblings of your pet have a skin problem? \_\_\_ No \_\_\_ Yes \_\_\_ Unknown
2. Do you have other pets? \_\_\_ No \_\_\_ Yes
3. If yes, do your other pets have a similar problem? \_\_\_ No \_\_\_ Yes \_\_\_ Unknown
4. Do any humans in your household have a skin problem? \_\_\_ No \_\_\_ Yes

## PRESENT SKIN CONDITION

1. Is this the first time your pet has had a skin problem? \_\_\_ No \_\_\_ Yes \_\_\_ Unknown
2. Date of onset of present skin problem \_\_\_\_\_
3. Age of your pet at onset of present skin problem \_\_\_\_\_
4. Was the onset of the skin problem: \_\_\_ Slow \_\_\_ Rapid
5. Does the skin problem itch? \_\_\_ No \_\_\_ Yes \_\_\_ Unknown  
(i.e. is there excessive licking, biting, scratching, or chewing of the skin)
6. If it does itch, answer the following:
  - a. Is the itch severe? \_\_\_ No \_\_\_ Yes \_\_\_ Unknown
  - b. How many times daily does your pet itch? \_\_\_\_\_
  - c. Does your pet itch excessively over the entire body? \_\_\_ No \_\_\_ Yes \_\_\_ Unknown
  - d. Where on the body does the animal itch? \_\_\_\_\_
  - e. Does your pet rub the face/nose on the carpet or elsewhere (other than after eating)? \_\_\_ No \_\_\_ Yes \_\_\_ Unknown
  - f. Does your pet chew its paws frequently? \_\_\_ No \_\_\_ Yes \_\_\_ Unknown

g. Does your pet stay awake at night itching? \_\_\_ No \_\_\_ Yes \_\_\_ Unknown

7. Are the symptoms: \_\_\_ Non-seasonal \_\_\_ Seasonal \_\_\_ Unknown

8. If seasonal, during which seasons? \_\_\_ Winter \_\_\_ Spring \_\_\_ Summer \_\_\_ Autumn

9. Have any of your pets had fleas, lice, ticks, or other external parasites within the last year? \_\_\_ No \_\_\_ Yes \_\_\_ Unknown

10. What area of the body was involved first? \_\_\_\_\_

11. What area of the body was involved next? \_\_\_\_\_

12. What was the initial appearance of the involved skin? \_\_\_\_\_

13. Describe the changes of the involved skin as time went on: \_\_\_\_\_

14. What aggravates the condition? \_\_\_\_\_

15. What improves the condition? \_\_\_\_\_

16. What do you think caused the problem? \_\_\_\_\_

17. Treatments used:

Externally \_\_\_\_\_ Result \_\_\_\_\_

\_\_\_\_\_

Internally \_\_\_\_\_ Result \_\_\_\_\_

\_\_\_\_\_

Any other comments on your pet's skin/ear condition: