



SKIN & EAR HISTORY Fur Kid Name: _____ Date: _____

1. Is your pet itching? Yes No If yes, select the area(s) on the body that this is happening:
 FACE EARS PAWS ARMPITS CHEST LOWER BACK FLANKS TAIL
2. Is your pet losing any hair? Yes No If yes, select the area(s) on the body that this is happening:
 FACE EARS PAWS ARMPITS CHEST LOWER BACK FLANKS TAIL
3. Does your pet have recurrent infections? Yes No
4. Is your pet's condition seasonal? If yes, select the season:
 Yes No Spring Summer Fall Winter
5. Your pet's current diet: _____ Wet Dry Treats: _____
6. Is your pet on Heartworm Prevention? Yes No Type: _____
7. Does your pet have recurrent ear infections? Yes No
8. Age when you purchased your pet? _____ Purchased where? _____
9. Does your pet travel outside the city or state? Yes No If yes, where? _____
10. Where on the body did the problem begin? _____
11. Is your pet exposed to other animals? Yes No If yes, are they infected? Yes No
12. Do any family members have itches/rashes? Yes No
13. Is the pet indoors? Yes No % of time: _____ indoor % of time _____ outdoor
14. Are there feathers in the house? If yes, please specify:
 Yes No Comforters Pillows Jackets Birds
15. Is there an indoor or outdoor cat? Yes No If yes, please specify Indoor Outdoor
16. Are there smokers in the house? Yes No
17. Do you use indoor or outdoor flea control? Yes No
18. Do you use pet flea control? Yes No Type: _____
19. Do you shampoo your pet? Yes No Type of shampoo: _____ Frequency: _____
20. Has your pet ever been given steroids/cortisone? Yes No Type: _____
 Response on the steroids/cortisone: _____ Last Date Given: _____
21. Has your pet ever been given antibiotics/antifungals? Yes No Type: _____
 Response on the antibiotics: _____ Last Date Given: _____
22. Has your pet ever been given antihistamines? Yes No Type: _____
 Response to antihistamines: _____ Last Date Given: _____
23. Do you know any information on littermates/parents? Yes No Are they affected? Yes No
24. Any increase urination or water consumption? Yes No Any Arthritis? Yes No
25. Is there anything else you want the doctor to know before your appointment? _____