



EVERGREEN
Veterinary Hospital

FELINE DERMATOLOGY HISTORY FORM

Name: _____ Pet's Name: _____

What are the primary concerns about your cat's skin, feet or ears: _____

When were the concerns first noticed? _____

Describe the concern(s): *Mild* *Moderate* *Severe*

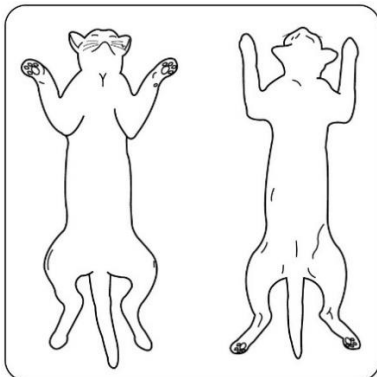
Begin Gradually *Begin Suddenly*

Is your cat itchy? *Yes* *No* How often? *Constant* *Sporadic* *Certain times*

Time of day you notice the itch: _____ Time of year you notice the itch: _____

Rate your cat's itching on a scale of 0-10, with 10 = constant, severe itch and 0 = no itch: _____

What parts are of concern on your cat? Please circle the area(s) of concern and enter any comments in the space provided below.



Are there any other pets in the household? What kind(s), i.e. dog or cat? Do any of them have skin concerns or itching? _____

Where does your cat spend most of his/her time? *Outside* *Inside* *Half outside/Half inside*

Is your cat on flea prevention? *Yes* *No* Year-round? *Yes* *No* What kind? _____

If applicable, are other pets in the household on flea prevention year-round as well? *Yes* *No*

Date: _____

What food does your cat eat? Please include brand name and protein source. _____

What treats does your cat eat? Please include people food as well. _____

What medications does your cat currently take? Please include name and milligram (mg) of drug, if known. _____

For recurring problems, what medications in the past, if any, have helped? _____

What other health problems, if any, has your cat been diagnosed with in the past? _____

Please provide any additional information you would like us to know. _____

Date: _____