



EVERGREEN
Veterinary Hospital

CANINE DERMATOLOGY HISOTRY FORM

Name: _____ Pet's Name: _____

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

When were the concerns first noticed? _____

Describe the concern(s): *Mild* *Moderate* *Severe*
 Begin Gradually *Begin Suddenly*

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

What parts are of concern on your dog? 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)? Do any of them have skin concerns or itching? _____

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

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

Date: _____

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

Is your dog on heartworm prevention? *Yes No* Year-round? *Yes No*

What kind? _____

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

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

How often is your dog bathed? _____ How often does your dog swim? _____

What medications does your dog 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 dog been diagnosed with in the past? _____

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

Date: _____