

Douglas Square Pet Clinic
136 – 11520 24th St. SE
Calgary, AB, T2Z 3E9
Phone: 403-203-0775
Fax: 403-203-0779
Email: dspc@shaw.ca

Dermatology History Form

Name of pet:

Canine [] Feline []

Breed:

Age:

Sex: Female [] Male []

Weight (if known):

Spayed [] Neutered []

Your Name:

Date:

1. Where did you acquire your pet from and how long have you had him/her? _____
2. Have you recently traveled with your pet in the last 6-12 months? _____
3. What is the main concern you are bringing your pet in for? _____
4. How long has the problem been present? _____ How old was your pet when the problem first started? _____
5. When the problem started, did it come on suddenly or gradually over a period of time? _____
6. If more than 1 symptom present, which one did you notice first? _____
7. Has there ever been any previous skin problem? [] Yes [] No
8. If the skin problem has been present for some time are the symptoms worse in:
[] spring? [] summer? [] autumn? [] winter?
9. Are the symptoms present all year round? [] Yes [] No
10. If yes, would there be a time of no symptoms at some stage? [] Yes [] No
11. The problem has been (check one):
 Continual, even with medication Continual but better with medication Intermittent or sporadic
12. When was the last time bloodwork / biopsy / other diagnostics were done? _____
13. What do you feed your pet now? _____
14. Has the diet/type of food changed recently? [] Yes [] No. If yes, specify previous food and date of change

15. Have any different diets been tried as treatment? If so, list the brand name and for how long you fed it: _____

16. How often does your pet defecate (bowel movement) and how would you describe it? _____
17. How often do you usually bathe your pet? With what? _____
18. What other pets are in the household? _____
19. Do any of the other pets have skin problems? Do any people in the household have skin problems? _____
20. What percentage of the day and night does your pet spend: Indoors ____% Outdoors ____%
21. Does your pet play/interact with other unfamiliar animals/people (i.e. park, daycare, boarding)? _____
22. Where does the pet sleep? _____
23. Other than skin disease, does your pet have any other diagnosed medical problems?

24. In the following table, check which clinical signs have been present and how severe they have been over the entire course of the pet's skin or ear problem. (Check one box for each clinical sign.)

Clinical Sign	Never occurs or none	Occurs rarely or slightly	Occurs often or severe
Scratching/licking/biting at self			
Hair loss or poor regrowth of hair			
Increased redness to skin			
Small red spots, pimples, bumps, rash			
Dandruff, scaliness, flakiness of skin			
Increased odor of skin or coat			
Crusty or scabby patches on skin			
Open, raw sores			
Eyes—redness, irritation, itching, discharge			
Change in color or texture of hair			
Darkening of areas of the skin			
Loss of skin pigment – black parts turn pink			
Ear infections			
Fleas seen on pet			
Diarrhea or loose stools			
Vomiting			
Sneezing or wheezing			
Changes in pet's usual personality			
Changes in pet's usual activity level			
Weight loss or weight gain			
Changes in pet's appetite			
Changes in amount of water consumed			
Changes in urinary habits			

25. It is important that we know which types of medications were given to your pet in the past and whether they helped. On the list of medications below, check if they have been given and, if so, how much relief they produced. (Check box "Yes" if given and then how much the treatment helped.)

Treatment or Medication	Was it ever given?			If given, how much did it help?			Last given?
	Yes	No	Not sure	Did not help	Helped some	Helped a lot	
Cortisone pills or shots (steroids, Temaril, Prednisone, Vetalog, anti-itch pills)							
Antibiotics alone (with no other medication given at the same time)							
Antihistamine (Benadryl, Zyrtec, etc.)							
Antifungal medications (Ketoconazole, etc.)							
Cyclosporine (Atopica)							
Apoquel							
Allergy shots or drops – Name:							
Parasite control (Revolution, Advantage Multi, Drontal, Profender, Milbemax, K9 Advantix)							
Other:							

27. The behavioural scale on the right is designed to measure the severity of itching (Pruritis). Read all the descriptions below starting at the bottom. Then place a mark anywhere on the vertical line to indicate the point at which you think your pet's level of itchiness currently lies.

Note: Mild itching includes when your pet scratches at the "sweet spot" when that area is rubbed or petted.

