



**Client Information and Pet History Form**

**Owner Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email (this will be used for patient communications only) \_\_\_\_\_

**Your Pet's Vet Clinic** \_\_\_\_\_ Doctor \_\_\_\_\_

Clinic Address \_\_\_\_\_ Clinic Phone \_\_\_\_\_

**Pet Name** \_\_\_\_\_ (choose) Canine Feline Equine Other

Breed \_\_\_\_\_ Birthdate or Age \_\_\_\_\_ Sex: (choose) M Neuter F Spay

Reason for Visit \_\_\_\_\_

What areas of the body are affected? \_\_\_\_\_

When did the problem start, describe progression \_\_\_\_\_

How is your pet for examinations? \_\_\_\_\_

**Illness:** Please indicate past illnesses or conditions \_\_\_\_\_

Choose any current symptoms: coughing, sneezing, vomiting, diarrhea, not eating well, weight loss, weight gain, excessive drinking, excessive urination, fatigue, lethargy, eye discharge, behavioral change, other \_\_\_\_\_

**Environment:** Pet lives (choose) Indoors only Indoor/Outdoor On leash only Outdoors primarily Farm/Woods

List other animals in contact \_\_\_\_\_

Is your pet currently on flea/tick preventive? List type and frequency \_\_\_\_\_

Do any humans in the household have a skin problem? \_\_\_\_\_

**How itchy** is your pet? (scratching, rubbing, licking, biting) (circle) Not itchy, Mild, Moderate, Severe

Is the problem (circle) Year-round, Seasonal only, Unknown Worst time of year: Spring, Summer, Fall, Winter

**Ears:** Is the pet (circle) scratching the ears, shaking the head, have foul ear smell, discharge from the ears? \_\_\_\_\_

**Diet:** Has a food trial been done? Yes No Which foods? \_\_\_\_\_ Length \_\_\_\_\_

What is your pet's current diet? \_\_\_\_\_ Supplements \_\_\_\_\_

How frequently do you bathe and with what? \_\_\_\_\_

\*\*List any known food or drug sensitivity \_\_\_\_\_

Please list below current and past drugs	Dosage	Did this treatment help at all?
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please have your veterinarian fax records to 763-210-6811 or email them to [info@petdermatologyclinic.com](mailto:info@petdermatologyclinic.com).  
Your pet should not be given steroids orally 2 weeks prior, or antihistamines 1 week prior to allergy skin testing.