



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.
Your pet should not be given steroids orally 2 weeks prior, or antihistamines 1 week prior to allergy skin testing.