

**Montgomery Pet Skin and Ear Clinic**  
**Dr. Louis Gotthelf**  
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3310 Atlanta Highway Montgomery, AL 36109

Phone/FAX: (334) 272-2200

**Patient's Dermatological History**

Owner's Name:

Pet's Name:

Address:

Sex:

Species:

Phone Number:

Breed:

Age:

e-mail

Please answer the questions below and give this form to the receptionist. Your thoughtful answers help us characterize your pet's skin problems.

**1. How old was your pet when you first observed signs of skin disease:**

**2. How long has the skin disease been present?**

**3. Do the signs of skin disease occur:**

A. Seasonally\*

B. Year round

C. Year round with seasonal exacerbation\*

\* if seasonal, which seasons are the worst?

**4. Is your pet itchy, if so how itchy is your pet on a scale of 1-10 (with 1 indicating a normal dog and 10 indicating constant, severe itch):**

**5. Where did the lesions first start and what did they first look like?**

**6. What diagnostic tests have been performed so far? (Including intradermal skin tests, blood allergy tests, skin biopsies, food trials, blood work etc)**

**7. What were the results of the diagnostic tests done? (Please provide copies of blood work, histopathology etc. We can get these faxed to us if you will provide us a phone number.)**

**8. What oral or injectable medications (drug name, dosage, duration) have been used so far and what was the response to each medication given?**

**9. What medications is your pet currently taking? Please indicate the drug name, the mg dose you are giving, frequency and for how long you have been giving each medication:**

- A. Antibiotics (Ex: cephalixin):
- B. Antifungals Ex: ketoconazole):
- C. Antihistamines (Ex: Benadryl):
- D. Fatty acids:
- E. Steroids (Ex: prednisone):
- F. Other:

**10. What topical medications have been used and what was the response to therapy?**

**11. What topical medications are you currently using on your pet (shampoos, conditioners, sprays, ointments etc)?**

**12. What is your pet's current diet?**

**13. What kind of heartworm preventative do you give your pet? Is it chewable?**

**14. When was your pet last tested for heartworms?**

**15. Do you give your pet treats? If so, which ones?**

**16. What do you use for flea control on this pet and on other animals in the house?**

**17. How often do you use any topical flea control?**

**18. Does your pet swim/ receive baths regularly? If so, how often?**

**19. Do you clean your pet's ears regularly, if so what do you use to clean them?**

**20. Has your pet ever had an adverse reaction to an ear cleaner? If so, which cleaner and what did you observe?**

**21. Is your pet around other animals in the home or at other friends/family homes? If so- which species, how much contact do they have and do any of them have signs of skin disease?**

**22. Have you or anyone in your home had any signs of skin disease recently?**

**23. Is your pet showing other signs of illness, for example:**

- A. Weight loss
- B. Weight Gain
- C. Drinking more water/ urinating more frequently
- D. Vomiting
- E. Diarrhea
- F. Weakness/ low energy level
- H. Excessive hunger relative to normal for your pet

**24. When was your pet last vaccinated and what was your pet vaccinated for?**

**25. Has your pet ever had an adverse reaction to any medications? If so, to which medication(s)? When did it happen and what signs did you observe?**

**26. Please describe your pet's home environment, circle all that apply:**

- A. My pet lives indoors all the time
- B. My pet lives both indoors and outdoors
- C. My pet lives outdoors all the time
- D. I have a fenced/enclosed yard
- E. My yard is continuous with wilderness
- F. I do not have a yard
- G. I have wall to wall carpets inside
- H. The floors inside the house are hard surfaces