

Montgomery Pet Skin and Ear Clinic
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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: cephalexin):
- 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