

# Asheville Highway Animal Hospital

4516 Asheville Highway

Knoxville, TN 37914

865-523-8434

## Dermatology History Form

Owner's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

Account # \_\_\_\_\_ Date \_\_\_\_\_

1. At what age did you first notice the problem? \_\_\_\_\_

2. Is the problem year round?       Yes       No       Unknown

3. Is the problem worse at any particular time of the year?

Spring       Summer       Fall       Winter

4. What did the problem look like when it first started?

Scratching     Hair Loss     Rash       Redness     Other \_\_\_\_\_

5. Where did it start?

Nose       Eyes       Ears       Neck       Back       Rump

Legs       Paws       Chest       Stomach     Groin       Tail

6. Was itching the first thing you noticed?       Yes       No

If no, what was? \_\_\_\_\_

7. Do you have other pets that have skin issues?       Yes       No

If yes, what kind? \_\_\_\_\_

8. Does a person in your home have skin issues?       Yes       No

If yes, what kind? \_\_\_\_\_

9. Percent of time your pet is:      \_\_\_\_\_% Indoors      \_\_\_\_\_% Outdoors

10. Has there been a change in diet?       Yes       No

If yes, when? \_\_\_\_\_

11. Is your pet on flea medication?       Yes       No

If yes, what kind? \_\_\_\_\_