

Tenafly Veterinary Center
Canine Dermatology History Form

Your Name: _____ Your Dog's Name: _____ Date: _____

Dog's Age: _____ Breed: _____ Sex: _____

Primary concerns about your dog's skin: _____

When was this first noticed? _____

Onset rapid or gradual? _____

Does your dog itch? Yes or No If Yes, When? Constant Sporadic Night only

Rate your dog's itching on a scale of 1-10 (10-constant severe itching all day and night, 0-no itching) _____

What time of year most itchy? Spring Summer Autumn Winter Year Around

What part(s) of your dog most itchy? _____

Where does your dog spend time? _____% Indoor _____% Outdoor

What other pets live in your household? Do any have skin problems or itching? _____

Do any people in the house have skin problems or itching? _____

What is the name of your dog's food? _____

What treats or table food does your dog eat? _____

What flea control do you use and how often? Year round? _____

Do all the pets receive the same flea control at the same intervals? _____

How often do you bathe your dog? _____

How often does your dog swim? _____

What medications is your dog taking at this time? _____

What previously prescribed medications have been of benefit? _____

What other health problems does your dog have? _____

Please share any additional information that you may think is important:

BE SURE TO BRING THE PREVIOUS MEDICATIONS, PILLS, OINTMENTS, EAR CLEANERS, SHAMPOOS, EVEN IF EMPTY TO THE CONSULTATION. BRING FOOD AND TREAT INGREDIENT LABELS. DO NOT BATHE YOUR DOG WITHIN 5 DAYS, DO NOT CLEAN OR TREAT EARS WITHING 2 DAYS OF YOUR DOG'S APPOINTMENT.