



Medical Record #: _____

Animal's Name: _____

Owner: _____

Species: _____ Age: _____ Sex: _____

Phone: _____

Email: _____

UTCVM VETERINARY MEDICAL CENTER

DERMATOLOGY CLIENT HISTORY QUESTIONNAIRE

VMR075_DermatologyClientHistoryQuestionnaire | UPDATED 06/15/18

DATE:	_____
STUDENT/CLINICIAN:	_____

TO BE COMPLETED BY OWNER/AGENT.

Describe the main complaint: _____

Is your pet itchy? yes no Does he/she scratch rub chew bite lick *(Check each that apply)*

Where? _____

How long has the skin problem been present? _____

Are there any changes in color, texture, or quality of:

Hair - Describe: _____

Skin - Describe: _____

Is the problem worse at some times of the year than others (seasonality)? _____

What treatments has your pet received? _____

What medication helped the most? _____

When was the last dose of steroids given? _____

Was it an injection or pills? _____

How often is your pet bathed? _____

What shampoos do you use? _____

What flea/tick control do you use on your pet? _____

When was it last given? _____

Are all pets in the household on flea prevention? yes no

What heartworm preventative is your pet on? _____

Describe your pet's diet, including treats. _____

Does your pet go outside? yes no Describe: _____

What other pets are in the household? _____

Do they have any skin problems? _____

Do any people in the household have skin problems? _____

Does your pet have any other medical problems? _____

Is your pet on any medications for other medical problems? _____
