

OWNER NAME \_\_\_\_\_

PATIENT NAME \_\_\_\_\_

**REASON FOR VISIT:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PAST HISTORY**

Age at adoption: \_\_\_\_ years \_\_\_\_ months

Age you first noticed the issue (circle one):

Under 1 year old   1-3 years old   3-5 years old   5-7 years old   7-9 years old   Over 9 years old

Is the condition: Seasonal   Continuous

If continuous, was it originally seasonal? Yes No

If seasonal, in what season/s do flares occur (circle all that apply)? Spring   Summer   Fall   Winter

Are signs worse (circle all that apply): Indoors   Outdoors   Morning   Night

Has your pet had any blood work performed within the last 3 months? If so, when was this performed and at which veterinary hospital? \_\_\_\_\_

Is your pet up to date on vaccines? Yes No

Does your pet have a history of ear infections? Yes No

If so, at what age was the first ear infection noticed? \_\_\_\_\_

In recent history, have you noticed ... (circle what applies):	
Cough	Increased   Decreased   Normal
Sneeze	Increased   Decreased   Normal
Vomit	Yes   No
Diarrhea	Yes   No
Urination (peeing)	Increased   Decreased   Normal
Drinking	Increased   Decreased   Normal
Appetite	Increased   Decreased   Normal
Energy level	Increased   Decreased   Normal

Does your pet have any other medical conditions or previous diagnoses? If so, please list below

Does your pet have any known reactions to medications? If so, please list below

Has your pet lived out of Washington previously? If so, where?

Has your pet ever had stomach or intestinal problems? Yes No

PREVIOUS treatments (include oral medications, topical therapy, supplements, etc):				
Name (ex. Apoquel, cytopoint injection, allergy shots)	Dose	Reason given	Treatment duration	Did it help?
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No

**INITIAL SIGNS**

What was the issue like initially (circle all that apply): Normal skin but itchy Loss of hair Pimples Redness

Where did the problem start (circle all that apply):

Nose Muzzle Eyes Ears Neck Chest Back Rump/Base of tail Armpits Front legs Front paws Back paws Back legs Abdomen Groin

Has it spread? Yes No

**CURRENT SIGNS**

Does your pet scratch, rub, chew, lick, or bite any of the following areas (circle)?

Nose Muzzle Eyes Ears Neck Chest Back Rump/Base of tail Armpits Front legs Front paws Back paws Back legs Abdomen Groin



How many bowel movements does your pet have per day? \_\_\_\_\_

**OTHER HISTORY**

Do you have other pets? Yes No

List species:

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If you have other pets, are they affected?

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Do any humans in your household have any skin issues? If so, did the skin issues start at the same time as your pets issues?

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Do your pet's littermates or parents have skin issues? Yes No Unknown (If yes, please explain)

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Do you have any plans to leave Washington state in the future?

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Is it okay to give your pet treats during your appointment? (We've been known to give cookies to our patients)

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Please circle how many times your pet has been treated for this condition prior to visiting our clinic?

1 2 3 4 5 6

Any additional information you would like to share:

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