

VCA Hollywood Animal Hospital

2864 Hollywood Blvd, 2864 Hollywood Blvd, FL 33020

P 954-920-3556 vcahollywood.com

DERMATOLOGY AND OTOLOGY HISTORY FORM

Client ID: _____

Date: _____

Client Name: _____

Pet Name: _____

Primary Care Veterinarian: _____

1. What are your primary concerns? _____
2. What changes do you see as a problem?
 - Hair Loss
 - Skin lesions (sores)
 - Scratching
 - Foul Odor
 - Red Skin
 - No response to previous treatment
 - Ear Discharge
3. Where on the body did the problem first appear? _____
4. When did the disease first start? _____
5. Is the condition:
 - Slow (months to years)
 - Rapid (days to weeks)
 - Slow at first then more rapid
6. How has the disease progressed:
 - Always present
 - Intermittent (there are times when your pet has no skin disease)
 - Always present but waxes and wanes
7. Is your pet itching? Yes No
8. Grade from 1 (mild) to 10 (severe/constant) _____

If yes to itching, check all that apply:

 - Biting
 - Gnawing
 - Scratching
 - Rubbing
 - Licking
 - Scooting
 - Chewing
9. Where:
 - Head/Face
 - Chest
 - Armpit
 - Mouth/Muzzle
 - Belly
 - Groin
 - Ears
 - Back
 - Feet
 - Neck
 - Toes/nails
 - Other: _____



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10. Does your pet lick its feet? Yes No
11. Is itching:
- Seasonal
 - Year round but worse some seasons
 - Don't know
12. In which season did it start:
- Seasonal Summer
 - Fall Winter
13. Which season(s) is it present:
- Seasonal Summer
 - Fall Winter
14. Which season(s) is it at its worst:
- Seasonal Summer
 - Fall Winter
15. What came first:
- Itching then lesions (rash, hair loss, red skin, etc.)
 - Lesions then itching
 - Don't know
16. Has your pet had an ear disease or had treatment with ear medications: _____
17. When last was there ear disease or ear treatment: _____
18. Does your pet have hearing loss? Yes No
19. List all other health problems: _____

20. Commercial food: _____
21. Table food/scraps: _____
22. Treats: _____
23. Supplements: _____
24. Flavors/chewable medications (e.g. Heartworm preventative, arthritis medications, etc): _____



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Previous Diets

25. Previous diets for:

Type (name) _____ Duration: _____

Type (name) _____ Duration: _____

Type (name) _____ Duration: _____

26. Known reactions to food/treats/diet in the past:

Reacts to _____ Type of reaction: _____

27. Complete the following table by listing all medications you have used by category.

	Current	Previous	Response
Steroids/Cortisone (shots, pills)			Poor / Partial / Excellent
Antibiotics (shots, pills)			Poor / Partial / Excellent
Antifungals			Poor / Partial / Excellent
Ear medications			Poor / Partial / Excellent
Topical skin medications			Poor / Partial / Excellent
Cyclosporine (Atopica)			Poor / Partial / Excellent
Fatty acid supplements			Poor / Partial / Excellent
Antihistamines			Poor / Partial / Excellent
Allergy shots (immunotherapy)			Poor / Partial / Excellent

28. Current treatments for non-skin or ear disease: _____

29. Previous drug reactions? Yes No

If yes, describe: _____



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30. How often is pet bathed? _____
Shampoo brand: _____
31. Conditioner/rinse brand: _____
When was pet last bathed?: _____
32. When was the last time pet had topical medication applied? _____
33. Have you changed shampoo or topical treatment recently? Yes No

Current Flea Control

	This Pet	Other Pets
Product		
How often?		
Year round or Seasonal?		
Which seasons?		
Have you ever seen fleas?		

34. Other flea control products you have used: _____
35. Heartworm prevention product: _____
 Year round
 Seasonal
How Often? _____
36. Where did you obtain your pet? _____
How long have you had this pet? _____
37. Do you live in:
 City
 Rural
 Suburbs



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38. Where does your pet sleep or spend the most time? _____
39. Percent of time spent Indoors _____ Outdoors _____
40. Does your pet attend:
- Doggie Day Care
 - Obedience School
 - Dog/Cat Shows
 - Boarding/Pet Sitter
- Describe: _____
41. Has your pet traveled recently? Yes No
Where? _____
42. List other pets: _____
Skin Disease? Yes No
43. Do any humans in contact with your pet have skin disease? Yes No

Relationship/Behavioral Evaluation

44. Has your pet's ear or skin disease affected his/her behavior and relationship with you?
 Yes No
45. What is the effect of your pet's skin/ear disease on the following:
- Sleeps through the night:
- Always
 - Usually
 - Never
- Activity level is:
- No change Inactive
 - Somewhat less active Inactive
- Social level is:
- No change Inactive
 - Somewhat less active Inactive
- Relationship Changes: _____
- _____
- _____
- _____



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Pruritus Scale

46. How itchy is your pet?

This scale is designed to measure the severity of itching in pets. Itching can include scratching, biting, licking, chewing, nibbling or rubbing. Read all the descriptions below, starting from the bottom. Then mark the area (at a specific level or between levels) to indicate where you think the pet's level of itchiness lies.

Extremely severe itching/almost continuous. Itching doesn't stop whatever is happening, even in the consulting room. (Needs to be physically restrained from scratching).

-
-
-
-

Severe itching/prolonged episodes. Itching might occur at night (if observed) and when eating, playing, exercising or being distracted.

-
-
-
-

Moderate itching/regular episodes. Itching might occur at night (if observed), but not when eating, playing, exercising or being distracted.

-
-
-
-

Very mild itching/only occasional episodes. Pet is slightly more itchy than it was before skin problems started.

-
-
-
-

Normal pet. I don't think itching is a problem.

