



**ANIMAL DERMATOLOGY  
& ALLERGY**

**Client Information**

Client/Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

How did you become aware of Animal Dermatology & Allergy? \_\_\_\_\_

Referring Veterinarian: \_\_\_\_\_ Clinic Name: \_\_\_\_\_ Clinic Phone: \_\_\_\_\_

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**Patient History**

Name of Pet: \_\_\_\_\_ Dog  Cat  Breed: \_\_\_\_\_ Male  Female  Male Neutered  Female Spayed

Pet's date of birth: \_\_\_\_\_ Age of pet when acquired: \_\_\_\_\_ Other pets in the environment? \_\_\_\_\_

How long has the pet had a skin problem? \_\_\_\_\_ Was it a sudden onset? \_\_\_\_\_

Is the problem seasonal? \_\_\_\_\_ If Yes, which season is worse? \_\_\_\_\_

Has anything worked in the past to relieve the skin problem? \_\_\_\_\_

Other animals at home have skin problems? \_\_\_\_\_ Any people at home have skin problems? \_\_\_\_\_

What do you use for flea control? \_\_\_\_\_ How often do you apply/give the flea control? \_\_\_\_\_

What dog food, treats etc. does your pet eat? \_\_\_\_\_

Please list any medications, vitamins or supplements that your pet is currently receiving: \_\_\_\_\_

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Does your pet exhibit any of the following:

Cough  Sneeze  Runny Eyes  Vomit  Diarrhea  Limp  Drink Excessively  Urinate Excessively  Seizures

Additional Comments: \_\_\_\_\_

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