



*When it's time for an expert*

## **Initial Consultation History**

**Name:**

**Pet's Name:**

**Address:**

**What is the main concern about your pet today?** Please put an **(X)** next to all that apply:

Dandruff or Crusts

Ear Problem

Hair Loss

Itching

Odor

Oily Skin

Pigment Change

Rash or Redness

Other, please specify:

**At what age did you first notice the problem?** Please put an **(X)** next to all that apply:

<3 months old

3 to 6 months old

6 to 12 months old

1 to 3 years old

3 to 6 years old

>6 years old

**Did the problem start suddenly or gradually?** Please put an **(X)** next to your answer:

Suddenly

Gradually

**Where on the body did the problem start?** Please put an **(X)** next to all that apply:

Abdomen	Tail
Chest	Trunk
Ears	Paws or legs
Face	Other, please specify:

**What time of year does your pet itch the most?** Please put an **(X)** next to all that apply:

All seasons are equal  
Not itchy  
Fall  
Spring  
Summer  
Winter

**Does your pet seem to itch more when outside?** Please specify answer with an **(X)**:

Yes  
No

**Where does your pet spend most of his/her time?** Please specify answer with an **(X)**:

Inside  
Outside

**What is your pet's current diet?** Please write answers below:

**Have you ever fed a special diet because of a food allergy?**

**What treats do you feed?**

**How often do you bathe your pet?**

**When was your pet's last bath?**

**What shampoo(s) do you use when you bathe your pet?**

**What treatments have temporarily helped this problem before?**

Please put an **(X)** next to all that apply:

Antibiotics

Flea Control

Prednisone

Steroid Injection

Topical Therapy

Other

**What treatments have not helped this problem before?** Please type answers below:

**Provide all current medications and treatments, if known:**

**Are you finding fleas on any of your pets?** Please specify answer with an **(X)**:

Yes

No

**What flea products do you use?**

**Do you have other pets with a skin/ear problem?**

**Do any members of your family have an unexplained skin problem? If Yes, Please explain:**

**Has your pet traveled outside of the area?**

**Does your pet eat, drink, urinate, and defecate normal amounts?**

**Is your pet allergic to any medications?**

**Other than the skin or ears, has your pet had any other medical problems?**

We appreciate your time filling out this form. This will be helpful for us to determine a treatment plan for your pet. We are looking forward to improving your pet's quality of life. Thank you.

SkinVet Clinic Staff

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