



# Veterinary Dermatology of New England, Inc.

Laurie J. Stewart  
VMD, Diplomate, ACVD

Tel: (978) 399-0100  
Fax: (978) 399-0200

25 Carlisle Road  
Westford, MA 01886

www.veterinary-dermatology.com

## Dermatology History

Client's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Animal's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_

Animals Age: \_\_\_\_\_ Animal's Date of Birth: \_\_\_\_\_

How long have you **owned** this pet?: \_\_\_\_\_

Where did you obtain your pet? \_\_\_\_\_

Date of Last Booster Vaccine: \_\_\_\_\_ Date of last Rabies Vaccine: \_\_\_\_\_

Date the skin problem was first noticed: \_\_\_\_\_ Animal's age then: \_\_\_\_\_

How did you hear about our clinic?: \_\_\_\_\_

Is it a **year-round** problem?  Yes  No

**Gender:**  Male  Neutered  
 Female  Spay

Where on the animal did the problem begin? \_\_\_\_\_

What did it look like then? \_\_\_\_\_

How has it changed or spread? \_\_\_\_\_

What is the primary problem? (ie. itching, sores, etc) \_\_\_\_\_

Have you seen? (mark all that apply)

Rashes  Red Bumps  Hives  Hair Loss  Flaking Skin  Sores

Are there any areas in the animal's body where the skin problem predominates?  Yes  No

If yes, where? \_\_\_\_\_

Do you have any **other animals** in the home?  Yes  No

If so, describe species and how many; \_\_\_\_\_

If you have a cat, does it go outdoors?  Yes  No

Do any **people** in the home have any rashes, skin lesions, or itching?  Yes  No

If so, please describe; \_\_\_\_\_

Does your animal have contact with other animals? \_\_\_\_\_

Is your animal ever **groomed** or **boarded**?  Yes  No If yes, describe: \_\_\_\_\_

Does your animal **itch**?  Yes  No If yes, when?  Constantly  Sporadically  Nightly

Does your animal?  Lick  Chew  Rub

If so, please describe \_\_\_\_\_

Does your animal **lick** his/her feet?  Yes  No Does your animal **shake** his/her head?  Yes  No

Does your animal **rub** his/her face?  Yes  No Does your animal get **ear infections**?  Yes  No

What current **flea and tick** products are you using? i.e., Frontline, Advantage, Program \_\_\_\_\_

# Dermatology History

(continued)

Is your animal currently taking any **medications** for his/her skin problem?  Yes  No

If yes, list names of the **drugs and doses** if you know them; \_\_\_\_\_

How long has your animal been on the medications: \_\_\_\_\_

Is your animal currently on medications? If yes, please list; \_\_\_\_\_

Is your animal **allergic** to any medications? If so, please list; \_\_\_\_\_

List medications that have helped; \_\_\_\_\_

List medications that have **not** helped; \_\_\_\_\_

Has your animal been on steroids (Prednisone, Cortisone) at the same time? \_\_\_\_\_

Can you **bathe** your animal at home?  Yes  No

Do you bathe your animal at home?  Yes  No

What **Shampoo** are you currently using? \_\_\_\_\_

Do you clean your pet's **ears**?  Yes  No If so, do you have a cleaner?  Yes  No

If so, describe and list product name if possible: \_\_\_\_\_

Also, describe the process of how you clean the ears: \_\_\_\_\_

Do you medicate your pet's ears?  Yes  No

If so, describe the medications and list the product names, if possible: \_\_\_\_\_

List any **illnesses** of your animal: \_\_\_\_\_

What is your animal's **current diet**? \_\_\_\_\_

Has the animal been placed on a strict hypo allergic diet study to determine if he/she is allergic to food?  Yes  No

What was the protein source? \_\_\_\_\_

If so, describe the product name and the length of time the animal has been on it? \_\_\_\_\_

Did you give him/her **treats** or table foods during that time? \_\_\_\_\_

Was your animal **fasted** today?  Yes  No

Is your animal **lethargic**?  Yes  No

Is your animal **drinking** normally?  Yes  No

Is your animal **eating** normally?  Yes  No

What brand and flavor of food are you feeding your pet? i.e.,  
Natural Balance Dry, Salmon and Potato, Hills, Purina) \_\_\_\_\_

List treats you feed your pet. This includes, table/"human  
foods", rawhides, biscuits, etc \_\_\_\_\_

What issue(s) is your pet experiencing that prompted you to  
request a consultation with Dr. Stewart? \_\_\_\_\_

Who referred you to us? \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

What other facts do you think will be helpful?

**Payment is required at the time services are rendered.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_