



**Animal Dermatology South, LLC**

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Client \_\_\_\_\_ Patient \_\_\_\_\_

1. What is your pet's current dermatological problem(s)? What prompted you to seek care from a veterinary dermatologist?

2. How long has this/these problem(s) been present? \_\_\_\_\_

3. What was the problem like initially? (check all that apply)

- Normal skin, just itchy     Hair loss     Rash Pimple     Redness     Crusting

4. Where did the symptoms start? (check all that apply)

- Nose     Eyes     Ears     Neck     Back     Chest     Abdomen  
 Rump     Tail     Front legs     Front paws     Back legs     Back paws     Groin  
 Armpit     Muzzle

5. Has it spread? \_\_\_\_\_ If so, where? \_\_\_\_\_

6. Does your pet scratch, rub, chew/bite, lick the following areas? (check all that apply)

- Nose     Eyes     Ears     Neck     Back     Chest     Abdomen  
 Rump     Tail     Front legs     Front paws     Back legs     Back paws     Groin  
 Armpit     Muzzle

7. Problem(s) seem to be seasonal? Y/ N If so, when does it seem worse? Spring Summer Fall Winter

8. Has the pattern changed over time? Y/ N Become more seasonal? Y/ N Become more year-round? Y/ N

9. Is the problem worse/better indoors versus outdoors? \_\_\_\_\_

10. How old was the pet when you got him/her? \_\_\_\_\_

11. Has the pet traveled outside of the state? Y/ N If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

Were the problems affected by change of location and if so, how? \_\_\_\_\_

12. Are there any other pets or persons in the household with similar dermatological problems? Y/ N

13. What previous medications have been used?

Steroids: Type \_\_\_\_\_ Last Given \_\_\_\_\_ Response \_\_\_\_\_

Antihistamines: Type \_\_\_\_\_ Last Given \_\_\_\_\_ Response \_\_\_\_\_

Antibiotics: Type \_\_\_\_\_ Last Given \_\_\_\_\_ Response \_\_\_\_\_

14. How often do you bathe your pet? \_\_\_\_\_ Type of Shampoo? \_\_\_\_\_

15. Has your pet ever had an ear infection? Y/ N How many per year? \_\_\_\_\_

Do they seem to occur more frequently during certain times than others? Y/ N

16. Describe the pet's current diet (brand, dry, canned, semi-moist): \_\_\_\_\_

When was the last time you switched diets? \_\_\_\_\_

17. Do you use heartworm prevention?(circle one):  Heartgard Plus     Revolution     Sentinel     Trifexis

Advantage Multi     Other \_\_\_\_\_

When was your pet's last heartworm test? \_\_\_\_\_ Result: Negative  Positive

18. Do you use flea/tick preventative? Y/ N Which one?  Frontline Plus     Advantage     Advantix

Activyl     Revolution     Seresto     Comfortis     Trifexis     Vectra 3D     Vectra

Preventic Collar     Sentinel     Other: \_\_\_\_\_

