



Animal Emergency and Referral Center
New Client Information and Pet History Form for Dermatology Services

Owner Name _____

Address _____

City _____ State _____ Zip _____

Primary Phone (_____) _____ Other Phone (_____) _____

Email (*this will be used for patient communications only*) _____

Pet's Vet Clinic _____ **Doctor** _____

Pet Name _____ (circle) *canine feline equine other*

Breed _____ Birthdate or Age _____ Sex: (circle) *M neuter F spay*

Reason for Visit _____

What areas of the body are affected? _____

When did the problem start, describe progression _____

How is your pet for examinations? _____

Illness: Please indicate past illnesses or conditions _____

Circle any current symptoms: *coughing, sneezing, vomiting, diarrhea, not eating well, weight loss, weight gain, excessive drinking, excessive urination, fatigue, lethargy, eye discharge, behavioral change, other* _____

Environment: List other animals in contact _____

Is your pet currently on flea/tick preventive? List type and frequency _____

Do any humans in the household have a skin problem? _____

How itchy is your pet? Such as scratching, rubbing, licking, biting (circle) *not itchy mild moderate severe*

The problem is: (circle) *year-round seasonally unknown* Worst time of year: *spring summer fall winter*

Ears: (circle any) *have foul ear smell have discharge scratching ear: R L shaking the head*

Ear medications _____

Diet: What is your pet's current diet? _____

Supplements? _____

Has a food trial been done? *yes no* Length of trial _____

Which foods? _____

How frequently do you bathe and with what? _____

**List any known food or drug sensitivity _____

Please list below current and past drugs Dosage Did this treatment help at all?

Please list below current and past drugs	Dosage	Did this treatment help at all?