

# Dermatology Clinic for Animals

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## Patient History Form

Pet's Name \_\_\_\_\_ Client's Name \_\_\_\_\_

1. Chief complaint(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Age of pet when you acquired him/her \_\_\_\_\_ Age now \_\_\_\_\_

3. Approximate date when problem first started \_\_\_\_\_

4. Is it seasonal or continuous? \_\_\_\_\_

5. Was the problem initially seasonal? \_\_\_\_\_

6. Is there a time when disease is less severe or the itching is less intense? \_\_\_\_\_

7. What did the problem look like initially? (Please check)

Normal skin, just itchy \_\_\_\_\_ Hair loss \_\_\_\_\_ Rash \_\_\_\_\_ Pimples \_\_\_\_\_ Redness \_\_\_\_\_

8. Where did it start? (Please check)

Nose \_\_\_\_\_ Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Neck \_\_\_\_\_ Back \_\_\_\_\_ Rump \_\_\_\_\_ Tail \_\_\_\_\_ Front paws \_\_\_\_\_  
Back legs \_\_\_\_\_ Back paws \_\_\_\_\_ Chest \_\_\_\_\_ Abdomen \_\_\_\_\_ Groin \_\_\_\_\_

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

10. Does your pet scratch, rub, chew, lick, or bite the following (Please check)

Nose \_\_\_\_\_ Muzzle \_\_\_\_\_ Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Neck \_\_\_\_\_ Back \_\_\_\_\_ Rump \_\_\_\_\_ Tail \_\_\_\_\_  
Armpits \_\_\_\_\_ Front legs \_\_\_\_\_ Back legs \_\_\_\_\_ Thighs \_\_\_\_\_ Back paws \_\_\_\_\_ Front paws \_\_\_\_\_  
Chest \_\_\_\_\_ Abdomen \_\_\_\_\_ Groin \_\_\_\_\_

11. Was the itching the first thing noticed? \_\_\_\_\_

12. Do you have other pets? \_\_\_\_\_

If yes, describe \_\_\_\_\_  
\_\_\_\_\_

13. Any have skin problems?\_\_\_\_  
If yes, explain\_\_\_\_\_

14. Do any people in the household have skin problems?\_\_\_\_\_

15. Percent of time pet is confined indoors?\_\_\_\_ Outdoors?\_\_\_\_

16. What is the primary indoor flooring surface? Carpet \_\_\_\_ tile \_\_\_\_ wood \_\_\_\_ other \_\_\_\_  
If carpeting, does it contain wool? Yes \_\_\_\_ No \_\_\_\_

17. Are symptoms worse indoors, night, morning?\_\_\_\_\_

18. If a female, are or were there normal heat cycles?\_\_\_\_

19. If a male, does he have normal interest in females?\_\_\_\_\_

20. Do any relatives of your pet have any skin problems that you are aware of?\_\_\_\_\_  
If yes, explain\_\_\_\_\_

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21. Do you use flea control?\_\_\_\_ If yes, circle which ones used: Powder, Dips, Sprays, Collars, Baths, Spot-ons. What brands?\_\_\_\_\_

22. Do you use insecticides in your home?\_\_\_\_\_ Frequency\_\_\_\_\_

23. Please list medications your pet has been on for the problem.  
Antihistamines\_\_\_\_ Steroid pills\_\_\_\_ Steroid shots\_\_\_\_ Antibiotics\_\_\_\_ Other\_\_\_\_\_

24. Did any help the problem?\_\_\_\_ If yes, which?\_\_\_\_\_

25. Any other medications, vitamins, food supplements?\_\_\_\_\_

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26. Your pet's regular diet? (brand, ingredients) \_\_\_\_\_

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27. Does your pet have any other health problems? (Please check) Cough\_\_\_\_ Sneeze\_\_\_\_  
Runny eyes\_\_\_\_ Vomiting\_\_\_\_ Diarrhea\_\_\_\_ Tires easily\_\_\_\_ Limp\_\_\_\_ Drinks excessively\_\_\_\_ Urinates excessively\_\_\_\_  
Back paws\_\_\_\_ Chest\_\_\_\_ Abdomen\_\_\_\_ Groin\_\_\_\_

28. How often do you bathe your pet?\_\_\_\_\_  
What shampoo and/or conditioner do you use? \_\_\_\_\_

29. Is your pet exposed to tobacco smoke? Yes \_\_\_\_ No \_\_\_\_

**Comments:** \_\_\_\_\_

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