



LONG GREEN ANIMAL DERMATOLOGY PATIENT HISTORY FORM

13515 Long Green Pike
Baldwin, MD 21013

CLIENT NAME _____

ADDRESS _____ CITY/STATE/ZIP _____

PHONE (home) _____ (cell) _____ (work) _____

PET'S NAME _____ BREED _____

SEX _____ SPAYED/NEUTERED/INTACT (please circle) AGE _____ COLOR _____

CHIEF COMPLAINT(S) _____

Date (age) problem first noted _____ Onset: Sudden _____ Slow _____

Is there a seasonal influence? Yes _____ No _____

If yes, is the problem worse in the: Summer _____ Fall _____ Winter _____ Spring _____ (check all that apply)

Where on your pet did the problem begin _____ What did it look like then _____

Does your pet itch? Yes _____ No _____ When? Constant _____ Sporadic _____ Night _____

What areas of your pet's body are most affected? _____

Where did you obtain your pet (i.e. breeder, rescue group, humane society) _____

Is there any exposure to other animals (neighbor's pets, relative's pets, etc)? Yes _____ No _____

Do other animals or people have skin problems, itching, or rashes? _____ If yes, describe _____

Describe pet's indoor environment (i.e. carpet, tile, hardwood) _____

Describe pet's outdoor environment (i.e. grass, fenced yard, farm) _____

Percent indoors _____ Percent outdoors _____

Where does your pet sleep _____

Is your dog groomed regularly? If yes, how often _____

What diagnostic tests has your regular veterinarian performed? _____

What topical treatments have been used? _____

What oral treatments have been used? _____

What treatments have been successful? _____

When did you last see fleas on your pet? _____

Is your pet on flea prevention? Yes _____ No _____ If yes, what brand _____

Is your pet on heartworm prevention? Yes _____ No _____ If yes, what brand _____

Diet _____ How long has your pet been eating this diet _____

Does your pet have a history of vomiting, diarrhea, or soft stools? _____

List all medications your pet is currently taking _____

Are there any other facts you think may be helpful? _____