



Skin/Allergy History

Date: _____

Pet's Name: _____

Owner's name: _____

Canine or Feline: _____

Phone Number: _____

Color/Breed: _____

Person(s) that will be bringing in pet: _____

Date of birth or Age: _____

Weight (if known): _____

Please list your primary reason for visit today: _____

Age when problem first noted: _____ Onset: **sudden/slow**

Is there a seasonal influence? **Spring** _____ **Summer** _____ **Fall** _____ **Winter** _____ **NO** _____

Where on the body did the problem begin? _____

What did it look like then? _____

Does your pet itch? **Yes/No**

When? **Constant/Sporadic/Night**

If there is a rash, did the rash appear prior to the itch? _____

On a scale of 1-10, with 10 being the itchiest, how itchy is your pet? _____

What is their lifestyle like? (indoor, outdoor, parks, beaches, hiking, grooming, boarding or traveling)? If traveling, where to?: _____

What does your pet sleep on? _____

Have you had any diagnostic tests done elsewhere? If so, where? _____

Have you used any topical treatment(s)? **Yes/No** If yes, how did it work? _____

Do you have any thoughts about what makes your pet worse? _____

List any prescription medications, flea/heartworm/tick prevention or supplements your pet is currently taking (please include frequency and dose given [ie: 1 tablet twice a day]) _____



ADVANCED CARE VETERINARY HOSPITAL

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DATE OF APPT:

TIME OF APPT:

DVM:

When were the medications last given [ie: last night at 6pm, this morning at 8am]? _____

Any known allergies to food, medications, environmental, etc? If so, explain:

What does your pet eat? (food, treats, dental care, human food, etc.): _____

Any previous injuries, illnesses or surgeries?: _____
