



Your First and Last Name: _____

Name of Pet: _____ Date of Birth (approx): _____

Date Acquired (approx): _____ Spayed/Neutered: Yes No Date: _____

Primary Complaint(s): _____

Date Problem Started (approx): _____

Condition Currently Seasonal? Seasonal Year-Round

Was Condition Initially Seasonal? Yes No

Is There a Time When Disease is Less Severe? **(If so, explain)** _____

Occasions Symptoms are Worse? Indoors Outdoors Morning Night

First indications of problem: **(Select all that apply)** Hair Loss Rash Pimples
Redness Normal Skin, But Itchy

Where did the problem start? **(Select all that apply)** Nose Ears Eyes Neck
Back Rump Tail Front Legs Front Paws
Back Legs Back Paws Abdomen Groin Chest

Does pet scratch, rub, chew, lick, or bite any of these areas? **(Select all that apply)**

Nose Ears Eyes Muzzle Chin Neck Back Rump
Tail Inner Legs and Tighs Armpits Front Legs Front Paws
Back Legs Back Paws Abdomen Groin Chest

Has the Problem Spread? **(If so, explain)** _____

How Itchy is Your Pet? (10 being most severe) 1 2 3 4 5 6 7 8 9 10

Does your pet exhibit any of the following? (Select all that apply and please list frequency and description)

- Diarrhea_____ Loss of Appetite_____
- Urinate Excessively_____ Sneeze_____
- Ear Infections_____ Vomit_____
- Drink Excessively_____ Limp_____
- Seizures (list medication below) Vaccine reaction (please explain below)

Additional Details of Symptoms: _____

Household (If Any Item Selected Please Explain)

Do You Have Other Pets? (List type) _____ Are Other Pets In Home Affected by Condition? Yes No

Are Pets Littermates or Parents Affected by Condition? Yes No _____

Percentage of time Pet is Indoors (0-100%) _____% Explanation: _____

Do Any People In Your Home Have Skin Problems? Yes No Explanation _____

Flea Control / Heartworm Preventative / Bathing

Use Flea Control on Pet? (explain type and frequency) _____

Use Environmental Flea Control in Home or Yard? _____

Heartworm Preventative? (List type & frequency) _____

How Often Do You Bathe Your Pet? _____

Shampoos or Bathing Products _____

Diet

Describe Foods and Treats _____

How Long on This Diet? _____

Vitamins or Supplements? _____

Bowel Movements per Day 1 2 3 4 5 6

Any Medications or Injections Used For Skin Condition? _____

Any other pet medications (list type and frequency) _____

Have Any Medications Helped the Condition? _____

How many Times Has Pet Been Treated for Condition? 0 1 2 3 4 5 6

Has Pet Been Treated for Stomach or Intestinal Problems? _____

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