

DERMATOLOGY – PATIENT HISTORY QUESTIONNAIRE
(PLEASE PRINT)

22. What is being used to eradicate fleas? Please specify products/ingredients and frequency of application, as well as last application:
In the yard: _____
In the home: _____
On the pet: _____
23. What topical treatment(s) have been used? Success? _____

24. What systemic treatment has been used? Success? _____

25. Is your pet on any treatment(s) now? If so, please list: _____

26. When did your pet last receive treatment, please describe what treatment: _____

27. Medical History: Previous disease, treatments, & results: _____

28. Does your pet have any other symptoms you feel are abnormal? No Yes, Describe: _____

29. What do you feel makes your pet's problem worse? _____

30. Has your pet ever had a seizure? No Yes, Describe: _____
31. Does your pet visit people in health care/assisted living facilities? No Yes, Describe: _____

32. Are there any other facts you feel might be helpful? _____

Thank you for taking the time to complete this important questionnaire!

METHOD(S) OF PAYMENT

Cash Check Visa MasterCard Discover Care Credit

By signing this form, I attest that I understand that I will be charged for my appointment a minimum of an examination fee. My doctor may prescribe medication and perform further diagnostics on my pet. I will be notified prior to being charged for such items.

Agent/Owner Signature: _____ Date: _____

Thank you
