

Veterinary Emergency Referral Center

4800 N Davis Hwy. Pensacola, FL 32503 phone: 850-477-3914 www.FLERvet.com

Owner's Name: _____ Patient Name: _____ Date: _____

Skin & Ear History

1. Is your pet itching? Yes No If yes, mark the area(s) on the body that this is happening:
FACE EARS PAWS ARMPITS CHEST LOWER BACK FLANKS TAIL
2. Is your pet losing any hair? Yes No If yes, mark the area(s) on the body that this is happening:
FACE EARS PAWS ARMPITS CHEST LOWER BACK FLANKS TAIL
3. Does your pet have recurrent infections? Yes No
4. Is your pet's condition seasonal? Yes No
If yes, mark the season: Spring Summer Fall Winter
5. Your pet's current diet is: _____ Wet Dry
Treats: _____
6. Is your pet on Heartworm Prevention? Yes No If yes, type? _____
7. Does your pet have recurrent ear infections? Yes No
8. Age when you purchased your pet? _____
Where was your pet purchased? _____
9. Does your pet travel outside the city or state? Yes No If yes, where? _____
10. Where on the body did the problem begin? _____
11. Is your pet exposed to other animals? Yes No If yes, are they infected? Yes No
12. Do any family members have itches/rashes? Yes No
13. Is the pet indoors? Yes No % of time: _____ indoor % of time: _____ outdoor
14. Are there feathers in the house? Yes No
If yes, please specify: Comforters Pillows Jackets Birds
15. Is there an indoor or outdoor cat? Yes No If yes, please specify: Indoor Outdoor
16. Are there smokers in the house? Yes No
17. Do you use indoor or outdoor flea control? Yes No
18. Do you use pet flea control? Yes No If yes, type? _____
19. Do you shampoo your pet? Yes No
If yes, type of shampoo? _____ Frequency: _____
20. Has your pet ever been given steroids/cortisone? Yes No Type: _____
Response on the steroids/cortisone: _____ Last Date Given: _____
21. Has your pet ever been given antibiotics/antifungals? Yes No Type: _____
Response on the antibiotics: _____ Last Date Given: _____
22. Has your pet ever been given antihistamines? Yes No Type: _____
Response on the antihistamines: _____ Last Date Given: _____
23. Do you know any information on littermates/parents? Yes No
If yes, are they infected? Yes No
24. Any increase in urination or water consumption? Yes No
25. Any arthritis? Yes No