



## Allergy, Dermatology, and Otology

**PET's NAME:** \_\_\_\_\_

### **PATIENT SYMPTOMS AND HISTORY**

Current Age: \_\_\_\_\_ Age when symptoms started: \_\_\_\_\_

Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs

Any other dogs or cats at home: yes no Dog-park/Daycare: yes no

Do you have wildlife in the yard: yes no **ITCH SCORE ok 0 --- 5 ---- 10 bad**

### **Skin Symptoms** (circle answer)

Do they Itch, Lick or Chew: yes no

Did the problem: suddenly start or slowly got worse

Does the skin and itch get better and worse: yes seasonal no

**Which is worse:** Front half of the body Back half of the body Same-equal

Do they get **Hot-Spots** and big sores: yes no

Do they lick/chew their **feet/toes**: yes no

Do they have **butt** scooting (itchy butt): yes no

How many **poops** do they do daily: 1 2 3 4 many

Do they have **ear** problems: yes no

Do they have any **rash or crusts**: yes no Where: \_\_\_\_\_

Has their activity level changed: yes no **Weight increase:** yes no

### **Treatments and Medications**

Current Heart-worm prevention: \_\_\_\_\_.

Current Flea and Tick prevention: \_\_\_\_\_.

How often do they get a bath: \_\_\_\_\_.

What food and treats do you give: \_\_\_\_\_.

What Vitamin/Joint supplements: \_\_\_\_\_.

What oral medications have been given:

*Antihistamine Apoquel Steroids Antibiotics Yeast medication*

Have Cytopoint Injection/shots been tried: yes no

Have Steroid injection/shots been tried: yes no