

Itchy Pet History Form

Lexington Animal Clinic
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Date: _____ Owner's Name: _____ Patient's Name: _____
 Species: _____ Breed: _____ DOB: _____ Sex: _____ Altered: Y / N

Basic History:	
Age of the pet when the problems started: <input type="checkbox"/> <1 Year <input type="checkbox"/> 1-3 Years <input type="checkbox"/> 4-7 Years <input type="checkbox"/> >7 Years	Season the problems started: <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall

Symptoms:	
Does the pet do any of the following? <input type="checkbox"/> Scratch <input type="checkbox"/> Chew <input type="checkbox"/> Bite <input type="checkbox"/> Rub <input type="checkbox"/> Lick <input type="checkbox"/> Other _____ If yes, where? <input type="checkbox"/> Ears <input type="checkbox"/> Face <input type="checkbox"/> Feet <input type="checkbox"/> Body <input type="checkbox"/> Tail/Rump <input type="checkbox"/> Legs	Which of the following came first? <input type="checkbox"/> Itching/Scratching <input type="checkbox"/> Hair Loss/Rash

Environment:	
Describe the area where the pet resides: <input type="checkbox"/> Rural <input type="checkbox"/> Wooded <input type="checkbox"/> Suburban <input type="checkbox"/> Near Water <input type="checkbox"/> Urban	What other pet are in the household? <input type="checkbox"/> Dog <input type="checkbox"/> Bird <input type="checkbox"/> Rabbit <input type="checkbox"/> Cat <input type="checkbox"/> Ferret <input type="checkbox"/> Small Rodents
Percent of time spent indoors: <input type="checkbox"/> ≤25% <input type="checkbox"/> 26%-50% <input type="checkbox"/> 51%-75% <input type="checkbox"/> 76%-100%	Do any other pets in the household have skin problems? Y / N Explain: _____
Describe the pet's inside environment:	

Diet:		Bathing:
Food Type (check all that apply) <input type="checkbox"/> Homemade <input type="checkbox"/> Hypoallergenic <input type="checkbox"/> Commercial <input type="checkbox"/> Prescription <input type="checkbox"/> Raw Brand: _____ Table Food: Y / N	Treats: <input type="checkbox"/> Biscuits <input type="checkbox"/> Rawhides <input type="checkbox"/> Dental Chews <input type="checkbox"/> Bones <input type="checkbox"/> Chewies	How often is the pet bathed? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly Shampoo Type (check all that apply) <input type="checkbox"/> Anti-itch <input type="checkbox"/> Antifungal <input type="checkbox"/> Antibacterial <input type="checkbox"/> Hypoallergenic