



Lifetime Small Animal Hospital

“Helping Your Pet Be Its Best – for a Lifetime”

Malcolm L. Blessing, DVM Erin L. Pedersen, DVM

• 2627 Big Horn Avenue • Cody, WY 82414

• Phone (307) 587-4324 • Toll free (877) 587-4324

• Emergency 24 hours (307) 587-4324

Web site: www.LTSAHosp.com E mail: dvm@LTSAHosp.com

Skin History Sheet

Please answer the following as complete as possible. Use the back of the sheet if necessary. If there are questions, please ask.

Main Problems/Complaints _____

Age and location at which the animal was purchased? _____

Has the animal been out of the area? If yes, where? Boarding Kennel() Groomer() Dog Show()
Other _____

Does the animal itch, scratch, bite, lick or chew? _____
It so, When? Constantly() Sporadically() Night() Day()
Where? Feet() Belly() Head() Back() Front Legs() Back Legs() Thorax()
Other _____

When was the problem first noticed? _____

How old was the animal when the problem first appeared? _____

Is the problem year-round? () or seasonal. If seasonal, when is it worse? _____

Where on the body did the problem begin? _____

What did it look like then? _____

List any other pets: _____ Do other animals or people have any skin problems? _____
if so, describe: _____

When did you last see fleas? _____ Do you use insecticides in/on pet, in house or yard? _____
If yes, name them: _____

Describe the animal's indoor environment: _____

What percentage of the animal's time is spent indoors/outdoors _____% _____%

Describe the animal's outdoor environment _____

Animal's diet: Canned: _____ Dry: _____ Food additives: _____

Other _____

What medications have been used? List effects and dates used.
Topical (include shampoo and conditioners: _____

Oral: _____ Injection: _____

Other illnesses of animal: _____

What other facts do you think would be helpful? _____