

DERMATOLOGY HISTORY FOR CATS

Your Name _____ Your Cat's Name _____

Cat's Age _____ Breed _____ Sex _____

Primary concerns about your cat's skin:

When was this first noticed?

Was onset rapid or gradual?

Does your cat groom excessively? Yes No

When? Constant Sporadic Night

What part of your cat's body is most affected?

What time of year are the signs most severe?

Spring Summer Fall Winter Always

Where does your cat spend his day? _____ % indoor _____ % outdoor

What other pets live in your household?

What is the name of your cat's food?

What treats does your cat eat?

What flea control do you use and how often?

Do all the pets receive the same flea control at the same intervals?

What medications is your cat taking at this time?

What other health problems does your cat have?

What previously prescribed medications have been of benefit?

Please share any additional information that you think of importance.

BE SURE TO BRING THE PREVIOUS MEDICATIONS, PILLS, OINTEMENTS, EAR CLEANERS, SHAMPOO (EVEN IF EMPTY) TO THE CONSULTATION.