

Pet History Form

Date:

Clinic Name:

Account #:

Clinician:

Phone:

Fax:

Owner's Name:

Patient's Name:

Species:

Breed:

Age:

Sex:

PET OWNER SECTION

BASIC HISTORY

Age of the pet when the problems started:

☐ <1 Year ☐ 1–3 Years ☐ 4–7 Years ☐ >7 Years

Season the problems started:

☐ Winter ☐ Spring ☐ Summer ☐ Fall

SYMPTOMS

Does the pet do any of the following?

☐ Scratch ☐ Chew ☐ Bite ☐ Rub ☐ Lick Other _____

If yes, where?

☐ Ears ☐ Face ☐ Feet ☐ Body ☐ Tail/Rump ☐ Legs

Which of the following came first?

☐ Itching/Scratching
☐ Hair Loss/Rash

ENVIRONMENT

Describe the area where the pet resides:

☐ Rural ☐ Wooded ☐ Suburban
☐ Near Water ☐ Urban

Percent of time spent indoors:

☐ ≤25% ☐ 26%–50% ☐ 51%–75%
☐ 76%–100%

Describe the pet's inside environment:

What other pets are in the household?

☐ Dog ☐ Bird ☐ Rabbit
☐ Cat ☐ Ferret ☐ Small Rodents

Do any other pets in the household have skin problems?

☐ Dog ☐ Bird ☐ Rabbit
☐ Cat ☐ Ferret ☐ Small Rodents

BATHING

How often is the pet bathed?

☐ Weekly ☐ Monthly

Shampoo type (check all that apply):

☐ Anti-itch ☐ Antifungal
☐ Antibacterial ☐ Hypoallergenic

Brand:

DIET

Food type (check all that apply):

☐ Homemade ☐ Hypoallergenic
☐ Commercial ☐ Prescription ☐ Raw

Brand:

Table Food: ☐ Yes ☐ No

Treats:

☐ Biscuits ☐ Rawhides
☐ Chewies ☐ Bones

Brand:

VETERINARIAN SECTION

Fleas controlled?

☐ Yes ☐ No

How often are products applied? _____

Are all the pets in the household on preventives? ☐ Yes ☐ No

Has a food trial been performed?

☐ Yes ☐ No

Which hypoallergenic diet? _____

Was diet strictly adhered to?

☐ Yes ☐ No How long? _____

During what season(s) are symptoms present?

☐ Winter ☐ Summer
☐ Spring ☐ Fall

Is *Malassezia* a problem for the pet?

☐ Yes ☐ No

Was *Sarcoptes* considered?

☐ Yes ☐ No

Were skin scrapings performed?

☐ Yes ☐ No

If yes, were skin scrapings positive?

☐ Yes ☐ No

Was pet treated for *Sarcoptes*?

☐ Yes ☐ No

What product was used? _____

How many times has the pet been treated for pyoderma?

☐ Never ☐ Rarely (once per year)
☐ Occasionally (2–3 times per year)

When were steroids last used?

Type: _____

Dose: _____

Frequency: _____

Number of times in the past year treated with steroids: _____

What was the response to steroids?

☐ No response ☐ Excellent response
☐ Temporary response

Please submit this form with your serum allergy test requisition form. Should you have any questions, call **Customer Support: 1-888-433-9987, option 3, option 5.**

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