

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? _____

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 Year around

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 is importance.

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