GREATER CINCINNATI VETERINARY SPECIALISTS
AND EMERGENCY SERVICES

GCVS Dermatology Service

Initial Appointment

Owner's Name: _____ **Date:**_____

Patient's Name: _____ **Weight:** _____

1. What is the primary dermatologic problem/reason for your visit today?

_____
_____
_____
_____

2. How long has the current problem been present?

_____
_____

3. Does your pet have a history of skin/ear issues prior to this problem?

_____
_____

4. Is this problem worse at certain times of the year or has it been constant throughout the year? **If this problem fluctuates, when is it worse? And best?**

_____
_____

5. How itchy/uncomfortable your pet has been at its worst (please circle):

(not itchy) 1 2 3 4 (moderately itchy) 5 6 7 8 9 10 (severe)

6. How itchy/uncomfortable your pet is today (please circle):

(not itchy) 1 2 3 4 (moderately itchy) 5 6 7 8 9 10 (severe)

7. Please list the areas that are most affected/itchy/bothersome at this time:

_____
_____

8.Has your pet traveled beyond Kentucky, Ohio, or Indiana? (If yes, list)

_____
_____

9. Do you have other pets in the home? (If yes, please list)

_____

_____

10. What food(s) does your pet eat? (Include treats and "human foods")

_____

_____

11. Has your pet ever eaten a diet prescribed by your veterinarian? (If yes, list the brand of the food and approximately how long it was fed to your pet)

_____

_____

12. Please list any medications that your pet is currently receiving or has received while being treated for this problem. Include prescription and over-the-counter oral medications, injectable medications, vitamins/supplements, heartworm/flea/tick prevention products, topical ear medications, shampoos, and any sprays/creams/ointments.

Medication Name	Dose	Frequency	Helpful? (Y/N)

13. Does your pet experience any of these problems? Circle all that apply.

Vomiting	**Excessive Thirst**
Diarrhea	**Lethargy**
Weight Gain/Weight Loss	**Seizures**
Excessive/Frequent Urination	**Runny Eyes**

14. Does your pet have any previously diagnosed health problems?

_____

_____

_____