

Hanover Animal Hospital
8251 Crown Colony Parkway
Mechanicsville, VA 23116

Chronic Dermatology Informational Form

Owner's name: _____ Pet's name: _____
Animal information: Species _____ Age _____ Breed _____
Sex _____ Spayed/Neutered? _____

Owner's chief complaint(s) / reason(s) for visit:

Age of onset of skin problems _____ Duration of current problem _____

Were the skin problems a sudden or gradual onset? _____

List initial appearance or presentation of problem, and how it has spread or changed over the entire course:

Have the problems been (check one): Continual, even with medication
 Continual, but better when on medication
 Intermittent or sporadic

Is the problem worse during certain times of the year? If so, when? _____

List all medication the animal is **CURRENTLY** receiving, including oral and topical medication:

Have any special diets been tried as a treatment? If so, list the brand name and type and for how long it was fed: _____

Was the diet fed **exclusively** with no other treats/ food during this time? _____

Any history of fleas in this pet or on others in the household? _____

Other pets in household? _____ Any problems in these pets? _____

Do any humans in the household have skin problems? _____

Is the pet indoors, outdoors, or both? _____

Other comments:

