

Patient's Name: _____ Account Number: _____

Veterinarian/Clinic: _____

ALLERGY/DERMATOPATHOLOGY PATIENT HISTORY

Section A – Environmental Exposures

At what age did your pet's skin problem start? _____

Name of pet food: How long has the pet been on this diet? _____

Has an elimination diet been tried to rule out food allergy? Yes No

If yes, what diet was used? _____ Length of time fed: _____

Is the pet receiving any nutritional supplements? Yes No If yes, what type? _____

Age of home: _____ Is the heating system forced air or radiant? _____

How long has the pet lived there? _____ Does the pet live indoors or outdoors? _____

Do you have other pets? Yes No If yes, what kind? _____

Section B – Medical Information

Describe the major complaint: _____

Please check all that apply: Pruritis Pyoderma Seborrhea oleosa Seborrhea sicca

Is the dermatitis intermittent or constant? _____

During what months is the dermatitis most severe? _____

Has this pet been tested for allergies? Yes No If yes, was allergy diagnosed? Yes No

Do any of the pet's relatives have skin problems? Yes No

Are there any other diagnosed medical problems? Yes No If yes, list the diagnosis: _____

Does the patient have fleas or a history of flea infestation? Yes No

What treatments have been used for control of dermatitis?

Corticosteroids (type and dose): _____ Antihistamines (type and dose): _____

Shampoo / Rinse: _____ Antibiotics (type and dose): _____

How effective was therapy? _____

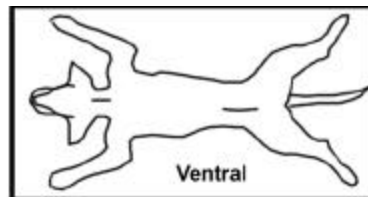
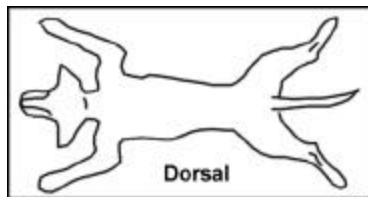
Any known medication sensitivities (including topicals and shampoos): _____

Is the pet still under treatment? Yes No If no, when did treatment stop? _____

describe any other pertinent clinical signs which are present in the patient: _____

What is your clinical differential diagnosis? _____

Please indicate the location of the lesions on the diagrams below.



HEARTWORM PATIENT HISTORY (Feline)

Medical Information

Describe the major complaint: _____

Describe any pertinent clinical signs which are present in the patient: _____

Specifically, are any of the following clinical signs present? Vomiting Coughing Dyspnea

Are signs of illness intermittent or constant? _____

What is the duration of illness: _____

The cat's environment is: Exclusively Indoor Indoor / Outdoor Outdoor

What treatments have been used for control of clinical illness?

Corticosteroids Antihistamines Antiemetics Antibiotics Other: _____

Is the cat still under treatment? Yes No If no, when did treatment stop? _____

Is the cat currently on heartworm preventative? Yes No

Please attach any additional laboratory reports pertaining to this case. Return this form along with the sample.