

DERMATOLOGY ADMISSION FORM



**Long Island
Veterinary Specialists**

Where You Take Your Pet First Makes All The Difference

CLIENT INFORMATION

Client's Name _____

Phone Number _____ Email _____

PATIENT INFORMATION

Pet's Name _____

Canine

Feline

Breed _____

Male Neutered

Female Spayed

Age _____ Color _____ Weight _____

Male Intact

Female Intact

1. Describe the skin problem you are bringing your pet in for:

2. How old was your pet when the skin problem first started? _____

3. Did the problem start suddenly or gradually over time? _____

4. Is the problem (check one): All year round Intermittent

5. Is the problem worse during certain times of the year? Yes No

If yes, when (check all that apply)? Spring Summer Fall Winter

6. Has your pet ever had an ear infection? Yes No

If yes, when (check all that apply)? Spring Summer Fall Winter

7. Is your pet itchy (this includes any licking, chewing, rubbing, biting, or scratching)? Yes No



8. Rate your pet's level of itch on a scale of 0 (no itch) to 10 (your pet's most severe itch).

Write a number 1 to 10 here _____

9. List the locations on your pet's body where they are itchy

10. What did you notice first (check one)? Skin lesions Itch Both

11. List ALL medications your pet is CURRENTLY taking (including any topicals, supplements, or medications for other conditions not related to the skin). Indicate the response to these treatments if known.

12. List PREVIOUS medications used to treat your pet's skin/ears (including any topicals or supplements). Indicate the response to these treatments if known.

13. Is your pet primarily (check one): Indoor Outdoor Both

14. What flea/tick prevention are you using (list type)? _____

Given (check one): Year round Seasonally

15. What heartworm prevention are you using (list type)? _____

Given (check one): Year round Seasonally

16. What other pets are in the household? _____

Are the other pets primarily (check one): Indoor Outdoor Both

Are the other pets in the household receiving flea/tick prevention? Yes No

List type: _____



17. Does your pet have contact with any animals outside of your home (list location and types of animals) (ex. dog daycare, boarding, etc.)?

18. Do any other pets or people in the household have skin problems? Yes No

19. What do you feed your pet (include treats, chews, table food, etc.)?

20. Does your pet have a sensitive stomach associated with feeding different types of food (ex. vomiting, diarrhea, etc.)? Yes No

21. Have different diets been tried as treatment (list brand name & duration given)? Yes No

22. Does your pet have any travel history (list location)? Yes No

23. List any other diagnosed medical illnesses:
