

# Claws & Paws Veterinary Hospital

## Pet Allergy History Information Sheet

Owner Name \_\_\_\_\_ Date \_\_\_\_\_

Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

1. Describe the complaint \_\_\_\_\_

2. How long has it been present? \_\_\_\_\_

3. Onset sudden: \_\_\_\_\_ gradual: \_\_\_\_\_

4. Is the problem continual, intermittent, seasonal? \_\_\_\_\_

5. Is the problem worse at some times of the year than others? \_\_\_\_\_

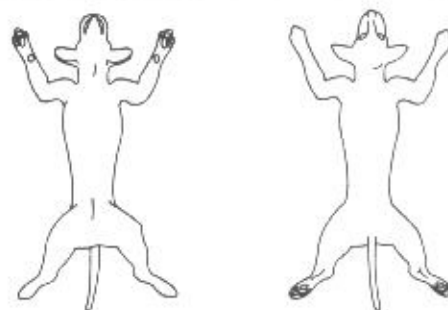
6. What areas (of the body) are affected? \_\_\_\_\_

7. Does the pet scratch, chew, bite or lick itself? \_\_\_\_\_

8. Where did the problem start? \_\_\_\_\_

9. Is there a loss of hair? \_\_\_\_\_

Show on the diagram at the right \_\_\_\_\_



10. If there is also itching, which came first, hair loss or itching? \_\_\_\_\_

11. Age of pet when acquired \_\_\_\_\_ Source: Pet store, breeder, pound, other \_\_\_\_\_

12. What other pets are in the household? \_\_\_\_\_

13. Do these other pets have skin problems? \_\_\_\_\_

14. Do any people in the household have skin problems? \_\_\_\_\_

15. Describe the pet's diet (please list all treats including people food) \_\_\_\_\_

16. Please list all of the Pet's medications/supplements \_\_\_\_\_

17. Percent of time pet spends indoors \_\_\_\_\_ outdoors \_\_\_\_\_

18. Describe the pet's outside environment (including varieties of shrubs, weeds, grasses, trees, yard, pen, garage, etc.) \_\_\_\_\_

19. Describe the pet's inside environment (including rugs, bedding, sleeping locations, etc.) \_\_\_\_\_

20. Has the pet ever had fleas or ticks? (if so, how often) \_\_\_\_\_

21. What treatment has the pet received? \_\_\_\_\_

22. Was there any response? If so, for how long? \_\_\_\_\_

23. How often is the pet bathed? \_\_\_\_\_ Which shampoo is used on the pet? \_\_\_\_\_

Please write any additional comments and/or information on the back. Thank you!