

Animal Allergy History Form



Owner Name/Address _____ 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 or intermittent? _____

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. Is there a loss of hair? _____ Areas of hair loss _____

9. If there is also itching, which came first, hair loss or itching? _____

10. Age of pet when acquired _____ Source: Pet store, breeder, pound, other _____

11. What other pets are in the household? _____

12. Do these other pets have skin problems? _____

13. Describe the pet's diet. _____

14. Percent of time the pet spends indoors _____ outdoors _____

15. Describe the pet's outside environment (including varieties of shrubs, weeds, grasses, trees, yard, pen, garage, etc.): _____

16. Describe the pet's inside environment (including rugs, bedding, sleeping location, etc.): _____

17. Does the pet ever have fleas or ticks? _____

18. What treatment has the pet received? _____

19. Was there any response? If so, for how long? _____

20. How often is the pet bathed? _____ Which shampoo is used on the pet? _____

Additional comments: _____