



Feline Dermatologic History



1. At what age was the skin problem first noted?_____ Onset: **Sudden** or **Slow**? (circle)
2. Is the skin problem present **year-round** or **seasonal**? (circle)
3. Is your cat itchy? (does he/she lick, chew, or scratch excessively? _____
If yes, how itchy is your cat on a scale of 1-10 (1=not itchy;10=very itchy)? _____
4. What area is your cat most affected? (circle all that apply): **feet, face, ears, elbows, ventral abdomen, underarm, tail, back.**
5. Do you have any other pets?_____ If so, what kind and how many?_____
6. Do other pets or people in the household have skin problems, rash?_____
7. Has your cat always lived in the same geographical area?_____ If not, where did your cat live and when did the move occur?_____
8. What do you feed your cat?_____ Does he/she receive **treats** or **tablefood**?(circle)_____
9. Does your cat receive monthly heartworm preventative? If so what type and how often?_____
10. What flea preventative is your cat receiving and how often is it being applied?_____
11. Are your other pets receiving flea preventative, if so what type and how often?

12. Please list any known medication or vaccine reactions or allergies

13. Please list any topical medications (other than flea preventative) your cat is currently receiving._____
14. Please list any oral or injectable treatments your cat is currently receiving. _____
15. How much time does your cat spend out doors? _____
What type of outdoor environment?_____