



Dr. Maria Ierace
Board Certified Veterinary Dermatologist

Initial Dermatology Consult Form

PET PARENT INFORMATION

Pet Parent Name: _____

Phone Number: _____

E-mail address: _____

Preferred method of contact
(phone call, text or e-mail): _____

PATIENT INFORMATION

Pet's Name: _____

Please circle the
applicable gender: female neutered, female intact

male neutered, male intact

How old was your pet when you acquired him or her? _____

PATIENT HISTORY:

- 1) Have you recently moved with your pet? If yes, please provide details on where and when.

- 2) Have you travelled anywhere outside of the state of Florida with your pet? If yes, please provide details on where and when.

- 3) Have skin biopsy samples ever been taken? If so, when and at what hospital?

- 4) Has your pet ever had bloodwork done and if yes, what tests and when is the last time it was done?

- 5) Has your pet ever undergone a diet elimination trial? If yes, what food was used? Was your pet allergic to any foods?

- 6) Has allergy testing ever been performed? If so, when and where?

IMPORTANT NOTES:

- 1) Itchiness in pets includes any of the following: itching, scratching, licking, chewing, biting, rubbing, scooting (rubbing of hind end), and head shaking.
- 2) Ears and paws are commonly affected regions of the skin for patients who have allergies. Some dogs may have a history of ear infections or paw licking/biting before other areas of skin become involved. For questions relating to your pet's skin please be sure to include paws and ears when you consider your answer.

PATIENT SYMPTOMS:

- 1) Please describe your pet's current symptoms:
- 2) When did your pet's dermatology symptoms first start?
- 3) If the problems have been continuous for over a year, did they first start off as seasonal?
- 4) Is there a certain time of year when the problems are worse? If so, what month(s)?
- 5) Is your pet itchy?
- 6) If your pet is itchy, where does your pet itch? Please circle all that apply and star the worst areas.

Face and muzzle

Front legs

Top of back

Eyes

Front paws

Chest

Ears

Back paws

Underbelly

Neck

Armpits

Tail

Head

Groin

Anal are

7) Is there a time during the day when your pet is more or less itchy? If so, when?

8) What type of flooring do you have in your residence?

Carpet

Tile or wood

9) Where does your dog sleep? Please circle all that apply:

Leather furniture

Dog beds

Carpets/rugs

Upholstered furniture

Human beds

Other

10) Has your pet lost or gained any weight? If yes, please explain.

11) Have there been any changes in your pet's energy or activity levels? If yes, please explain.

12) Have you noticed any changes in the amount your pet is drinking or peeing? If yes, please explain.

13) Does your pet have any of the following symptoms? Circle all that apply.

Vomiting

Soft Stools

Gas (flatulence)

Inappetence

Diarrhea

Gurgling sounds from the stomach
(borborygmus)

14) Does your pet have any non-dermatology related health conditions or illnesses? If yes, please explain:

PATIENT MEDICATIONS AND SUPPLEMENTS

Please list all medications that your pet is currently on and be sure to include any store-bought supplements or over-the-counter medications:

1. Oral medications (pills, capsules, liquids, tablets):

2. Topical medications (medicated shampoos, creams, ointments, lotions, sprays):

3. Ear medications (drops, flushes/cleaners, ointments):

4. Eye medications (drops, ointments):

5. Heartworm prevention:

6. Flea and tick control:

Is your pet allergic to any medications? If so, please list the medications and the reaction that occurred:

Is your pet allergic to any vaccines? If so, please list the vaccines and the reaction that occurred: