**PET HISTORY FORM**

### Date:

<table>
<thead>
<tr>
<th>Clinic Name:</th>
<th>Account #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinician:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Owner’s Name:</td>
<td>Fax:</td>
</tr>
<tr>
<td>Patient’s Name:</td>
<td>Species:</td>
</tr>
<tr>
<td>Age:</td>
<td>Sex:</td>
</tr>
</tbody>
</table>

### VETERINARIAN SECTION

#### WHEN WERE STEROIDS LAST USED?
- **Type:**
- **Dose:**
- **Frequency:**
- **Number of times in the past year treated with steroids:**
- **What was the response to steroids?**
  - No response
  - Excellent response
  - Temporary response

#### IS MALASEZZIA A PROBLEM FOR THE PET?
- **Yes**
- **No**

#### WAS SARCOPTES CONSIDERED?
- **Yes**
- **No**

#### WERE SKIN SCRAappings PERFORMED?
- **Yes**
- **No**

#### WAS PET TREATED FOR SARCOPTES?
- **Yes**
- **No**

#### WHAT PRODUCT WAS USED?

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### ENVIRONMENT

#### DESCRIBE THE AREA WHERE THE PET RESIDES:
- **Rural**
- **Wooded**
- **Suburban**
- **Near Water**

#### PERCENT OF TIME SPENT INDOORS:
- **≤25%**
- **26%–50%**
- **51%–75%**
- **76%–100%**

#### DESCRIBE THE PET’S INSIDE ENVIRONMENT:

### BATHING

#### HOW OFTEN IS THE PET BATHED?
- **Weekly**
- **Monthly**

#### SHAMPOO TYPE (CHECK ALL THAT APPLY):
- **Anti-itch**
- **Antifungal**
- **Antibacterial**
- **Hypoallergenic**

#### BRAND:

### DIET

#### FOOD TYPE (CHECK ALL THAT APPLY):
- **Homemade**
- **Hypoallergenic**
- **Commercial**
- **Prescription**
- **Raw**

#### BRAND:

#### TREATS:
- **Biscuits**
- **Rawhides**
- **Chewies**
- **Bones**

#### BRAND:

#### TABLE FOOD:
- **Yes**
- **No**

### SYMPTOMS

#### DOES THE PET DO ANY OF THE FOLLOWING?
- **Scratch**
- **Chew**
- **Bite**
- **Rub**
- **Lick**
- **Other:**

#### IF YES, WHERE?
- **Ears**
- **Face**
- **Feet**
- **Body**
- **Tail/Rump**
- **Legs**

#### WHICH OF THE FOLLOWING CAME FIRST?
- **Itching/Scratching**
- **Hair Loss/Rash**

### BASIC HISTORY

#### AGE OF THE PET WHEN THE PROBLEMS STARTED:
- **<1 Year**
- **1–3 Years**
- **4–7 Years**
- **>7 Years**

#### SEASON THE PROBLEMS STARTED:
- **Winter**
- **Spring**
- **Summer**
- **Fall**

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Please submit this form with your serum allergy test requisition form. Should you have any questions, call Customer Support: 1-888-433-9987.