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## ALLERGY HISTORY FORM

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

1. Does your pet have any allergies/adverse reactions to medications? \_\_\_\_\_ If yes, please describe

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2. How old was your pet when obtained? \_\_\_\_\_ How old is pet now? \_\_\_\_\_

3. Where did you obtain your pet? \_\_\_\_\_

4. Has your pet been spayed or neutered? \_\_\_\_\_ If yes, when? \_\_\_\_\_

5. How old was your pet when its skin and/or ear problems began? \_\_\_\_\_

6. What did the problem look like when it started? When did it first start? What part of the body was first affected? Did it move to other areas?

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7. Was the onset sudden or gradual? \_\_\_\_\_

8. Is the problem year round? \_\_\_\_\_ If no, what season does the problem seem the worst?

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9. Grade your pet's itchiness from 1 to 10: 1= not itchy, 10= itchy all day and night \_\_\_\_\_

10. What came first- your pet's skin lesions or did you notice itchiness? \_\_\_\_\_

11. Has your pet had a history of ear infections? \_\_\_\_\_ If yes what treatments has your pet had?

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12. Is your pet on flea preventative? \_\_\_\_\_ Which preventative? \_\_\_\_\_

13. Is your pet on heartworm preventative? \_\_\_\_\_ What type is it? \_\_\_\_\_

Is it flavored or chewable? \_\_\_\_\_

14. What other medications is your pet *currently* taking? Include oral pills, ear, eye, herbal, vitamin, shampoo, and spray therapies. Please describe including name, dose, and duration

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15. Which of these medications have helped?

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16. What other medications has your pet received *in the past* for skin/ear problems?  
Which of these helped?

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17. What other pets are in the household?

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18. Are they affected by the skin/ear problem? \_\_\_\_\_ If yes, describe how

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19. Do any people in the home have any rashes, skin lesions, or itching? \_\_\_\_\_  
If yes, please describe

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20. How often does your pet receive a bath? \_\_\_\_\_

21. Approximate date last bath was given \_\_\_\_\_

22. What bathing products were used? \_\_\_\_\_

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23. Does your pet have any other medical problems? Please describe

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24. What percent of time does your pet spend indoors? \_\_\_\_\_ Outdoors? \_\_\_\_\_

25. Describe your pet's outdoor environment

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26. Describe your pet's indoor environment

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27. Has your pet ever been out of the state? \_\_\_\_\_ If yes, where?

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28. Describe any food your pet gets. Include brand, dry or canned, and duration fed.

\*Pet food \_\_\_\_\_

\* Treats \_\_\_\_\_

\* Supplements \_\_\_\_\_

\*Table foods \_\_\_\_\_

\*Other \_\_\_\_\_

29. Have there been any changes in your pet's diet? \_\_\_\_\_

If yes, was the skin/ear problem affected by the change? \_\_\_\_\_

If yes, please describe? \_\_\_\_\_

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30. Has your pet been allergy tested before? \_\_\_\_\_ If yes did your pet receive injections or any other treatments? \_\_\_\_\_

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31. Please list any other information that you think may be helpful

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