

Dermatology Questionnaire

Describe your pet's skin problem? _____

When did the problem first appear? _____

Was the onset gradual () or sudden ()?

Describe the skin problem as it first appeared:

What parts of your pet were first affected? _____

Has your pet always lived in this part of the country? YES () NO ()

Does your pet spend most of it's day INDOORS () OUTDOORS () IN and OUT ()?

Describe the indoor environment of your pet (such as bedding, where it sleeps, etc.) _____

Describe the outdoor environment (grasses, weeds, wooded areas, etc.) _____

Is the skin problem intermittent () or continual ()?

Is there a relationship between the severity of your pet's skin condition and the season of the year?
YES () NO () If answered YES, please describe. _____

Does your pet chew () bite () scratch () rub () or lick () itself excessively?

Does your pet lick, chew, rub, or scratch any particular areas compulsively? YES () NO () If your
answer is YES, please explain. _____

Please grade the degree of chewing, biting, scratching, itching, or licking. Number 1 being occasionally and
10 being severe, keeping you up at night. _____

Was itching the first sign of your pet's skin disease that you noticed? YES () NO ()

Has your pet ever had ear problems? YES () NO () if you answered YES please explain.

Do you have any other pets? YES () NO () Please describe any other pets. _____

Do any of your pets have similar skin conditions? YES () NO () N/A ()

Do any pets in the neighborhood have a similar problem? YES () NO ()

Are you aware of any relatives of your pet having similar problems? YES () NO ()

Has anyone in your household had skin problems since they affected your pet? YES () NO ()

Have you noticed fleas on your pet? YES () NO ()

Do any other pets in your household have fleas? YES () NO ()

Has previous treatment for fleas helped your pet's problem? YES () NO () N/A ()

What treatment has your pet received for its skin problem? If possible, provide drug names, dosages and duration of treatment. _____

Describe what response there was to this treatment. _____

Which medication was most effective in controlling your pet's skin problem? _____

What medication is your pet presently receiving and when was it last given? _____

Have you been using any home remedies for your pet's skin condition? YES () NO () Please describe. _____

Does your pet have any other previously diagnosed medical or surgical problems unrelated to the skin disorder?
YES () NO ()

If so, is your pet presently receiving any medication for this disorder? YES() NO() Please describe. _____

Have you noticed any changes in the health or behavior of your pet coincidental with the development of the skin condition? YES() NO() Please describe. _____

What brand or brands of pet food and what treats or chew toys does your animal get? _____

What heartworm preventative is your pet taking? _____

Clinician _____

Date _____