



## skin survey



1. Describe your pet's skin problem. \_\_\_\_\_  
\_\_\_\_\_
2. When did the problem first appear? \_\_\_\_\_
3. Was the onset gradual { } or sudden { }?
4. Describe the skin problem as it first appeared. \_\_\_\_\_  
\_\_\_\_\_
5. What parts of your pet were first affected? \_\_\_\_\_  
\_\_\_\_\_
6. Has your pet always lived in this part of the country? YES { } NO { }
7. Does your pet spend most of its day indoors { }, outdoors { }, both { }?
8. Describe the indoor environment of your pet (such as the pet's bedding, where it sleeps, etc.) \_\_\_\_\_  
\_\_\_\_\_
9. Describe the outdoor environment (grasses, weeds, wooded areas, etc.) \_\_\_\_\_  
\_\_\_\_\_
10. Is the skin problem intermittent { } or continual { }?
11. Is there a relationship between the severity of your pet's skin condition and the season of the year? YES { } NO { }  
If you answered YES, please describe. \_\_\_\_\_  
\_\_\_\_\_
12. Does your pet chew { }, bite { }, scratch { }, rub { }, or lick { } itself excessively?
13. Does your pet lick, chew, rub, or scratch any particular areas compulsively? YES { } NO { } If your answer is YES, Please explain. \_\_\_\_\_  
\_\_\_\_\_
14. Please grade the degree of chewing, scratching, itching, or licking. Number 1 being occasionally and 10 being severe, keeping you up at night. \_\_\_\_\_  
\_\_\_\_\_
15. Was itching the first sign of your pet's skin disease that you noticed YES { } NO { }
16. Has your pet ever had ear problems? YES { } NO { } If you answered YES, Please explain. \_\_\_\_\_  
\_\_\_\_\_
17. Do you have any other pets? YES { } NO { } Please describe any other pets. \_\_\_\_\_  
\_\_\_\_\_
18. Do any of your pets have similar skin conditions? YES { } NO { } N/A { }
19. Do any pets in the neighborhood have similar problem? YES { } NO { }
20. Are you aware of any relatives of your pet having a similar problem? YES { } NO { }
21. Has anyone in your household had skin problems since they affected your pet? YES { } NO { }
22. Have you noticed fleas on your pet? YES { } NO { }
23. Do any other pets in your household have fleas? YES { } NO { }
24. Has previous treatment for fleas helped your pet's problem? YES { } NO { } N/A { }