

Dermatology Questionnaire

Patient name: _____ Owner's name: _____ Date: _____

Chief Complaint(please check all that apply): Itching: _____ Hair loss: _____ Sores: _____

Ear Disease: _____ Chewing: _____ Other: _____

When was the problem first noted? _____ Day _____ Month _____ Year

Where on the body did the problem begin?

Is the problem: _____ Year Round _____ Seasonal _____ Unknown

If seasonal, in which season(s) is it worse? _____ Spring _____ Summer _____ Fall _____ Winter

Where does your pet sleep or spend most of its time(i.e.Bedding,couch,etc.)?: _____

If on a dog/cat bed, what is it filled with (i.e. Cedar, cotton, shavings, etc.)?:

What kind of detergent do you wash the bedding with?: _____ How frequently do you wash the bedding?: _____

What do you feed your pet?(please check all that apply): _____ Canned _____ Dry _____ Table food _____ Raw meat _____ Other

What brand of food do you feed your pet?

What flavor is the primary food if known?:

Have you recently switched to a new brand or flavor of food? _____ Yes _____ No

Does your pet itch (scratch, chew, lick, rub)? _____ Yes _____ No

Is the itching: _____ Mild _____ Moderate _____ Severe _____ Constant _____ Periodic

Where does your pet itch? Check those areas which are itchy.

Face: _____ Abdomen: _____ Lower Back: _____ Ears: _____

Front feet/legs: _____ Back feet/legs: _____ All over: _____

What medications/supplements have been used?

Drug:	How much?	How often?	Did it help?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do parents, littermates, other animals in the house or other animals in the area have a similar problem?

_____ Yes _____ No

Aside from the skin problem is your pet healthy? _____ Yes _____ No

If no, (Please specify):
