

Dermatology Questionnaire

Please complete this questionnaire to the best of your ability. Skin problems can be due to a wide variety of causes, some of which are very obscure. Your observations are **very** important in unraveling these problems and in providing clues which can be crucial to success. This will become part of your pet's medical record. Please bring this completed questionnaire with you at the time of your pet's first examination. It is also helpful to have a copy of your pet's medical records from all veterinarians that your pet has been to. Thank you for your cooperation.

Pet's Name: _____ Canine or Feline (circle one)

Breed: _____ Color: _____

Birth Date or approx age _____

Sex: _____ Neutered or Spayed (circle one)

Approximate age when neutered/spayed _____

Current veterinarian and/or hospital: _____

Previous veterinarian/hospital: _____

Date of last vaccination: _____ Type of vaccinations given: _____

Has your pet had any previous medical problems other than the present condition?
(If yes, briefly describe. Also include any surgical procedures other than routine dentals.) _____

Does patient have known allergies to drugs or other specific materials? Please list.

Has patient regularly taken medication for something other than the skin problems(i.e., heartworm preventative, flea control)?

<u>Name of medication</u>	<u>Used for</u>	<u>Started</u>	<u>Last used</u>
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Do you have any other pets? _____ If yes, list species _____

Do you have a pet that is no longer in contact with this one? _____

What other animals (wildlife) might your pet come in contact with? _____

Are any of them now (or previously) similarly affected? _____

Patient lives in: City _____ Suburban _____ Rural _____

Apartment _____ Single family house _____ Mobile Home _____

Patient is primarily Indoors _____ Outdoors _____

Patient is exercised how often? _____ How long? _____

Patient has been in present environment for how long? _____

Patient sleeps where? _____ Type of bedding? _____

How many hours per day? _____

Patient's primary activities include

Companion to adults (number) _____ Companion to children (number) _____

Patient is also involved in (please check)

Hunting ___ Show ___ Obedience ___ Breeding ___ Guard ___ Guiding ___

If patient has traveled from immediate area, please list where and when:

Your pet is combed/brushed _____ times per month and bathed _____ times per month.

Last bathed on _____.

List name of grooming products used

Current flea control program consists of

Any recent changes in weight? _____

Any recent changes in appetite? _____

Appetite is: Good _____ Fair _____ Poor _____

Basic diet consists of (brand of food) _____ Eats _____ times per day.

Lists treats offered _____

List dietary supplements offered _____

List any other foods offered in the past (brand names) _____

Any recent changes in thirst? _____

Thirst is: Low _____ Normal _____ Excessive _____

What are the food and water bowls made of? _____

Are bowel movements normal? _____ Are urinations normal? _____

Your pet can hold urine up to _____ hours.

Any vomiting? _____

REPRODUCTIVE HISTORY (if applicable)

Last heat period _____ Cycles every _____ months.

How many litters? _____ Last litter _____

INFORMATION ABOUT PRESENT PROBLEM

Is this the only animal/person affected? _____

Is this the first or only episode noted? _____

Date first noticed _____ Age of pet at that time _____

How long has the problem appeared as it does now?

The problem is: Constant _____ Intermittent _____ Better _____ Worse _____

Have there been periods of normality between trouble? _____ How long? _____

If seasonal, when is the problem the worst?

Spring _____ Summer _____ Fall _____ Winter _____

Any eye disease? Redness _____ Discharge _____

Any ear disease? Redness _____ Discharge _____ Head shaking _____ Odor _____

Any change in general attitude? _____

The very first sign of the problem was:

Scratching ___ Chewing ___ Pain ___ Licking ___ Biting ___
Hair loss ___ Pimples ___ Scabs ___ Sores ___ Discharge ___
And was located where?

What did the area look like?

Is there anything to suggest this problem is contagious?

Is itching part of the problem? _____

Was it noted from the start? _____

Is it still part of the problem? _____

Is the itching: Mild ___ Moderate ___ Severe ___ Constant ___ Intermittent ___

Where on the animal is the itching most intense? _____

Does the itching/discomfort interfere with the patient's usual activities or sleep? _____

Does anything relieve the itching/discomfort? _____
If yes, what _____

Is the relief complete or partial? _____

Does the itching/discomfort seem to be associated with any pattern of activity, time of day, season, food, etc?

SHEDDING AND HAIR LOSS

Prior to the present problem, was there a definite pattern of shedding? _____

In what months was shedding most intense?

Does shedding follow a heat period? _____

With the current problem, has shedding: Increased _____ Decreased _____ Same _____

Have any spots or areas been completely devoid of hair? _____

First bald area was where and occurred when? _____

Is it still present? _____

Has its appearance changed? _____

HAIR DAMAGE

Has the appearance of the affected hair changed? _____

Color Lighter _____ Darker _____ Duller _____

Length Longer _____ Shorter _____

More brittle Yes _____ No _____

Texture: Rougher _____ Smoother _____

Moisture: Dry _____ Damp _____ Oily _____

Do affected hairs appear to be: Pulled out _____ Broken _____ Frayed _____

SKIN CHANGES

The skin is (list all that apply): No change _____ Thicker _____ Thinner _____

Reddened _____ Warmer _____ Cooler _____ Softer _____ Rougher _____ Harder _____

The skin surface is: Intact _____ Raw _____ Scarred _____

Is there a discharge from the skin? _____

Any miscellaneous lesions present such as: Pustules _____ Scabs _____ Scales _____

Lumps _____

Is there an odor to the skin? _____

Does any treatment seem to make it worse? _____

Does any treatment seem to make it better? _____

Please list **ALL** medications used for treating this problem and also any other medication being used on a regular basis, including prescriptions and over the counter.