

Dermatology Questionnaire

Pet's Name: _____ Owner's Name: _____

Date: _____

(Please check boxes or fill in blanks)

1. What is the reason for today's visit? Is your pet itchy?

2. How long has this been going on?

3. Are symptoms present: all year intermittent seasonal other pattern

4. Have any medications been used? If so what and did they work?

5. Please list current medications

6. Do you regularly give your pet heartworm preventative? If so, what kind?

7. Do you regularly give your pet flea and tick preventative? If so, what kind?

8. What parts of the body are affected?

9. Are any other problems evident? vomiting diarrhea seizures cough

excessive thirst/urination poor appetite other

10. a) Do any of the people in the household have skin problems? yes no

b) Are these skin problems new? yes no

11. Does your pet live indoors, outdoors, or both?

12. What laundry detergent do you use?

13. Does your pet travel outside the home?

14. What do you feed your pet (dry/canned/table food, treats)?

15. Does your pet have any other medical problems? If so, please explain

16. Is there anything else about your pet that you would like us to know?

17. How often do you bathe your pet and what products do you use?
