

Nippers Corner Pet Medical Center

5714 Edmondson Pike, Suite 3A
Nashville TN 37211
(615) 833-PETS (7387)
Fax: (615) 333-6681
www.nipperscornerpetmed.com

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? _____
