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Client Patient Date

1. Major complaint?

[ ] Itching [ ] Dry skin
[ ] Hair Loss [ ] Dandruff
[ ] Rash [ ] Redness/Color change
[ ] Pimples [ ] Odor
[ ] Oily skin
[ ] Other _____

2. At what age did you first notice the problem?

_____

3. Are the symptoms worse any time of the year?

[ ] No
[ ] Yes
If yes, when? [ ] Winter [ ] Spring [ ] Summer [ ] Fall

4. What were the first signs?

[ ] Itching [ ] Dry skin
[ ] Hair loss [ ] Dandruff
[ ] Rash [ ] Redness/Color change
[ ] Pimples [ ] Odor
[ ] Oily skin
[ ] Other _____

5. Where did it start?

[ ] Nose [ ] Back [ ] Tail
[ ] Muzzle [ ] Rump [ ] Paws
[ ] Eyes [ ] Axilla (armpit) [ ] Chest
[ ] Ears [ ] Front legs [ ] Abdomen
[ ] Neck [ ] Back legs [ ] Groin
[ ] Other _____

6. Has it spread?

[ ] No [ ] Yes If yes, explain:

_____

7. Does your pet:

[ ] Scratch [ ] Rub
[ ] Chew [ ] Lick [ ] Bite

If so, where?

[ ] Nose [ ] Back [ ] Tail
[ ] Muzzle [ ] Rump [ ] Paws
[ ] Eyes [ ] Axilla (armpit) [ ] Chest
[ ] Ears [ ] Front legs [ ] Abdomen
[ ] Neck [ ] Back legs [ ] Groin
[ ] Other _____

8. Has your pet had ear problems?

[ ] No [ ] Yes

9. Do you have other pets in the house?

[ ] No [ ] Yes If yes, list species and number

_____

10. Do other pets or people in the household have skin problems?

[ ] No [ ] Yes If yes, explain:

_____

11. Has your pet ever had fleas?

[ ] No [ ] Yes

12. Do you use any of the following?

[ ] Flea Spray [ ] Topical Flea Drops (i.e.. Advantage)
[ ] Flea Dip [ ] Oral Flea Pills
[ ] Flea Powder [ ] Home Insecticides
[ ] Flea Collar [ ] Yard Insecticides
[ ] Flea Shampoo [ ] Professional Exterminator

Name of Products _____

How often used _____

13. Pet environment?

[ ] Indoor [ ] Outdoor [ ] Both [ ] Walked Outside

14. Has your pet ever lived or visited outside of Western Washington?

[ ] No [ ] Yes

If yes, where? _____

When? _____

15. Has your pet ever been out of his/her normal environment (boarding, kennel, travel)?

[ ] No [ ] Yes

If yes, where? _____

When? _____

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Client Patient Date

16. List all previous medications administered to your animal (including dosages, if known).

[ ] Topical _____

Note effect _____

[ ] Oral _____

Note effect _____

[ ] Injectable _____

Note effect _____

Date of last Cortisone
(steroid, prednisone, vetalog, depomedrol, dexamethasone)

Pill _____

Injection _____

17. Is your animal currently on any medications?

[ ] No [ ] Yes

If yes, which ones?

_____

18. What brand of food do you feed your pet?

_____

[ ] Canned [ ] Dry [ ] Table scraps

Vitamins/Supplements

_____

19. Does your pet have the following?

[ ] Cough
[ ] Worms
[ ] Sneeze
[ ] Runny eyes
[ ] Diarrhea
[ ] Poor appetite
[ ] Excessive appetite
[ ] Weight gain
[ ] Weight loss
[ ] Decreased energy
[ ] Regular exercise
[ ] Head shaking
[ ] Increased drinking
[ ] Increased urination
[ ] Vomiting
[ ] Runny nose

Other _____

20. Has your pet had any other illness?

[ ] No [ ] Yes

If yes, explain:

_____

_____

_____

_____

_____

_____

_____

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