

Dermatology Questionnaire

Date: _____ Last Name: _____ Patient name: _____

Pet Age: _____ Dog/Cat: _____ Breed: _____ M / F

Spayed/Neutered: Yes / No

How did you hear about Dermatology at Winslow Animal Hospital: _____

1. Describe your pet's skin problem (check all that apply):

- Ear Infections
- excessive dandruff, scaling
- Hair loss with itching
- Hair loss without itching
- Nail infections or nail loss
- Red bumps, pimples, scabs
- Scratching, chewing, licking, rubbing skin
- Skin odor, greasiness
- Other (describe) _____

2. Was itching the first sign of your pet's skin disease that you noticed? Yes; No.

3. How long has your pet had this problem? _____ days / weeks / months / years

4. Was the problem's onset gradual or sudden ?

5. On a scale of 1-10 with 1 = occasional chewing or scratching and 10 = severe constant scratching that keeps you up at night, how would you rate your pet's level of itchiness now?

0 1 2 3 4 5 6 7 8 9 10

6. Describe how the skin problem first appeared and how it changed over time:

7. What areas of your pet are affected? (check all that apply)

() Ears; () Face; () Neck; () Armpits; () rump/tail area; () Underside;

() Groin/inner thighs; () Legs/paws; () Anal/genital area; () Other: _____

8. Has your pet always lived in this part of the country? () Yes; () No.

9. Has your pet ever traveled outside the U.S? () Yes; () No.

If yes, please list the dates of travel. _____

10. Is/are your pet's problem(s) () intermittent or () continual?

11. Is there **currently** a relationship between your pet's problem(s) and the season of the year?

() Yes; () No. If yes, please check the season(s) when the problem is worse:

() Spring; () Summer; () Fall; () Winter. The problem begins in (month) _____

12. Do you have any other pets? () Yes; () No. Please list any other pets

13. Do your other pets have similar skin conditions? () Yes; () No; () Does not apply.

If yes, what are the other pet's problems? _____

14. Has any person in your household had skin problems since your pet started having skin problems? () Yes; () No. If yes, describe: _____

15. Have you noticed fleas on your pet recently? () Yes; () No.

16. What flea products do you currently use? _____

17. Is your pet exposed to other animals or wildlife (dog parks, boarding, groomer, woods)?

() Yes; () No. If yes, what kinds? _____

18. What treatment has your pet received for his/her skin problem? Check all that apply, list or circle names if possible:

() Antibiotics (list) _____

() Antifungals e.g. ketoconazole, fluconazole

() Oral cortisone e.g. prednisone, Vetalog, dexamethasone

() Cortisone/steroid injections

() Antihistamines e.g. Benadryl, atarax, chlorpheniramine

() Fatty acids/oils, fish oil capsules, Derm caps, vegetable oils

() Ivermectin (anti-mite injections)

() Ear ointments or drops (list) _____

() Herbal or homeopathic remedies (list) _____

19. Describe what response there was to this treatment. _____

20. Did medication help your pet's problem(s)? () Yes; () No. If yes, which medication was the most effective? _____

21. What medications is your pet presently receiving and when was it last given?

22. Do you bathe your pet? () Yes; () No. If yes, how often? _____

What is the name of the shampoo? _____

23. Do you clean your pet's ears? () Yes; () No. If yes, how often? _____

What is the name of the ear cleaner? _____

24. Does your pet have any other previously diagnosed medical or surgical problems unrelated to the skin disorder? () Yes; () No. If yes, please describe: _____

25. List any medications your pet is receiving for this disorder: _____

26. Have you noticed any change in the health or behavior of your pet that coincided with the development of the skin condition? (e.g. changes in food or water intake, changes in urination or defecation, changes in activity level) () Yes; () No. If yes, please list:

27. Describe the current diet of your pet, including brand names and any table foods, treats, biscuits, vitamin supplements, or rawhide chews given: _____

28. Has your pet ever been on a special food elimination diet? () Yes; () No. If yes, what commercial brand of food or home-cooked diet ingredients were used and for how long?

29. For dogs: is your pet currently on heartworm preventative (Heartgard, Interceptor, Sentinel, Revolution)? () Yes; () No. If yes, is it chewable? () Yes; () No.

30. For dogs: has your pet been blood tested for heartworm disease within the last 6 months?

() Yes; () No.

31. For cats: has your cat tested negative fore Feline Leukemia (FeLV) and Feline Immunodeficiency Virus (FIV or feline AIDS virus)? () Yes; () No.