

DERMATOLOGY HISTORY QUESTIONNAIRE

Pet Owner

Pet's Name

Pet's Age

Breed

Sex

Today's Date

For what skin problem are you bringing in your pet? _____

How long has your pet had skin problems? _____

At what age did your pet first have skin problems? _____

Did the problems: (check one) Start rather suddenly or Come over a period of time

What did the skin problem look like initially? _____

How has the problem changed or spread? _____

Have the problems been (check one):

Continual, even with medications Continual, unless on medications Intermittent or sporadic

Is the problem worse during certain times of the year? If yes, when? _____

Where on the body did the problem first start? _____

What areas of the body are affected now? _____

What treatments has your pet received (please list)? _____

Which of these treatments have helped, at least partially? _____

Is your pet receiving any treatment now? If yes, what kind? _____

When did your pet last receive any medication? Which medication was it? _____

What do you feed your pet now? _____

Have any different diets been tried as part of treatment? If yes, what is the name of the diet? How long was your pet fed this different food? _____

How often do you usually bathe your pet? _____

Has your pet ever had fleas or ticks? _____

When was the last time you saw a flea on your pet or another pet in the household? _____

In the following table, check (✓) which signs have been present and how severe they have been over the entire course of the pet's skin problem:

SIGN	NONE OR NEVER	SLIGHT OR RARELY	MODERATE OR OCCASIONAL	SEVERE OR OFTEN
Scratching, licking, biting at self				
Hair loss or poor re-growth of hair				
Increased redness of skin (anywhere)				
Rash (pimples or red bumps)				
Open raw sores				
Areas which ooze blood or puss				
Ear infections				
Crusty or scabby patches				
Dandruff, flakiness, or scaliness to skin				
Increased odor to skin or coat				
Change in color or texture of hair				
Darkening of areas of the skin				
Loss of pigment of skin (black parts turn pink)				

In the following table, check (✓) whether any of the following signs have been present in your pet OVER THE PAST YEAR:

SIGN	NO	YES	NOT SURE
Changes in pet's usual personality			
Changes in pet's usual activity level			
Weight loss or weight gain (indicate which)			
Changes in pet's appetite			
Changes in amount of water consumed			
Changes in urinary habits			
Changes in bowel habits			
Vomiting			
Coughing, sneezing, or wheezing			

How old was your pet when you obtained him or her? _____

Where did you obtain your pet? _____

What other pets are in the household? _____

Do any of the other pets have skin problems? _____

Do any humans in the household have skin problems? _____

Where is your pet kept? Mostly indoors or outdoors or both? _____

Other than the skin disease, does your pet have any other diagnosed medical problems? _____

Are there any other symptoms your pet has that have not been described above, or is there anything else you think might be contributing to your pet's skin disease? _____