

# Dermatology and Allergy Service Questionnaire (rev. 10/2011)

Date \_\_\_\_\_ Last name: \_\_\_\_\_ Patient name: \_\_\_\_\_

Pets age: \_\_\_\_\_ Dog/ Cat Breed: \_\_\_\_\_ M/F

Neutered: Yes No

How did you hear about the Dermatology Service? \_\_\_\_\_

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

- Scratching, chewing, licking, rubbing skin
- Ear Infections
- Hair loss with itching
- Hair loss without itching
- Red bumps, pimples, scabs
- Excessive dandruff, scaling
- Skin odor, greasiness
- Nail infections or nail loss
- 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 skin and/or ear 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? (circle number from 0-10):

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 to other countries? ( ) 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, please describe \_\_\_\_\_  
\_\_\_\_\_
15. Have you noticed fleas on your pet recently? ( ) Yes; ( ) No.
16. What flea products do you currently use? \_\_\_\_\_  
Flea products not currently used ( ) .
17. Is your pet exposed to other animals or wildlife (dog parks, boarding, groomer, woods)?  
( ) Yes; ( ) No. If yes, what kind? \_\_\_\_\_
18. What treatment has your pet received for his/her skin problem?  
Check all that apply and 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 (please list) \_\_\_\_\_
  - ( ) Herbal or homeopathic remedies (please 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 are 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. Is your pet receiving any medication for this disorder? Please list medications:  
\_\_\_\_\_
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 for Feline Leukemia (FeLV) and Feline Immunodeficiency Virus (FIV or feline AIDS virus)? ( ) Yes; ( ) No.