



Dermatology Questionnaire

Owner's Last name: _____ Pet's Name: _____ Date: _____

1.) Itching/Scratching

a. Does your pet bite, scratch, itch, lick, bite or rub himself/herself more than a normal pet?

i. If so, which part of their body?

2.) Onset

a. When did this episode begin? _____

b. Were there any previous episodes? If so, when where those and do they seem to happen at any particular time of the year? _____

3.) Exposure to other animals

a. Has your pet been to a boarding kennel, groomer, animal shelter, ect. within the last 6 months? _____

4.) Food

a. What food do you currently feed your pet (including treats, rawhides, pig ears, ect.)

5.) Other treatments

a. Has your pet received any treatments in the past for this same problem? _____

i. If so, were the treatments given as prescribed? _____

ii. Was there any response, incomplete response, or no response to the treatments given? (please explain) _____

6.) Flea Control

a. Do you currently give your pet any medication for fleas? _____

b. If so, please circle all that apply:

Sentinel, Comfortis, Capstar, Frontline, Revolution, Advantage, Flea collar, Over-the-counter medication (please specify: _____)

7.) Is there anything else you think would be helpful for us to know? _____
