

WESTARBOR ANIMAL HOSPITAL

DERMATOLOGY QUESTIONNAIRE

Owners Name:

Pet's Name:

Species:

Breed:

Age:

Color:

Sex (circle one): **Male** **Female** **Spayed** **Neutered**

1. Please describe the problem/condition that you are bringing your pet in for today. Please use the diagram on the last page to demonstrate the locations of any lesions or itching. _____

2. On a scale of 0 (No itch) to 10 (Continuous itching) please rate your pets level of discomfort. _____

3. Is this a new problem or an ongoing problem?

4. What is the duration of the current issue?

5. If this is a reoccurring problem, when was the last occurrence?

6. Is the problem seasonal? Yes No

7. If so, which seasons? Please check all that apply: Winter Spring Summer Fall

8. If the problem is year round, is it worse during one part of the year? When? _____

9. What age and season did the problems first occur? _____

10. Please describe any previous diagnostic test or diagnosis made.

11. Please describe any previous treatments or therapies including oral medications, topical spray, lotions, ointments, creams, or bath products. If possible include dose amounts, medication directions and duration of treatment.

12. Did any of these therapies help? If so, which ones and how long did the positive effects last?

13. Please describe your pet's diet. Include all pet foods, human food, treats and supplements.

14. Is your pet on a monthly heartworm/intestinal de-wormer? Yes No Brand _____

15. Is your pet on any flea and tick preventative? Yes No Brand _____

Type (Check all that apply) Topical Collar Bath Spray How often applied? _____

16. What percentage of the day does your pet spend indoors? _____ Outdoors? _____

17. Do you have any other pets in the house hold? Yes No

18. Species _____ Breed _____ Ages _____

19. Do any other pets have similar problems or lesions? Yes No

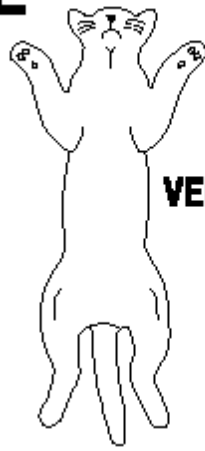
20. Do any people in the household have similar signs or lesions? Yes No

FELINE

DORSAL



VENTRAL



CANINE

DORSAL



VENTRAL

