



# DERMATOLOGY SERVICES QUESTIONNAIRE

Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name of Pet: \_\_\_\_\_ Species:  Dog  Cat  Other \_\_\_\_\_  
 Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Sex:  Male  Female  Neutered  Spayed  
 Major Complaint: \_\_\_\_\_

### General History

Environment:  Indoor  Outdoor  both  Walked outside of home  
 Diet and treats (including brands): \_\_\_\_\_  
 Other pets:  Cats  Dogs  Other \_\_\_\_\_  
 Other medical problems: \_\_\_\_\_  
 \_\_\_\_\_  
 Other current medications (Heartworm, Vitamins, Supplements, etc): \_\_\_\_\_  
 \_\_\_\_\_

### Dermatologic History

What were the first signs?  Itching  Red Skin  Hair Loss  Rash  Bumps  
 Scaling  Other: \_\_\_\_\_  
 Age problem first started: \_\_\_\_\_ Sudden onset? \_\_\_\_\_  
 Does the problem worsen in certain seasons?  No  Yes: \_\_\_\_\_  
 On which part of the body did the problem begin?  Face  Ears  Neck  
 Chest  Armpits  Legs  Feet  Abdomen  Rump  Tail  Other: \_\_\_\_\_  
 What part of the body is affected now?  Face  Ears  Neck  Chest  
 Armpits  Legs  Feet  Abdomen  Rump  Tail  Other: \_\_\_\_\_  
 Does your pet itch?  No  Yes, sites:  Face  Ears  Neck  Chest  
 Armpits  Legs  Feet  Abdomen  Rump  Tail  Other: \_\_\_\_\_  
 Has your pet had ear problems?  No  Yes  
 Do other household pets or people have skin problems?  No  Yes, describe\_ \_\_\_\_\_  
 \_\_\_\_\_

### Previous veterinary treatment for these problems

Medication	Dates	Effect
_____	_____	_____
_____	_____	_____
_____	_____	_____

Bathing: Frequency \_\_\_\_\_ Date of Last Bath \_\_\_\_\_ Shampoo \_\_\_\_\_

### Flea Control:

Pets	Products	Frequency of Application
_____	_____	_____
_____	_____	_____
_____	_____	_____

When did you last see fleas? \_\_\_\_\_

Cortisone History: Date of last cortisone (steroid, prednisone, vetalog, depomedrol)  
 Injection? \_\_\_\_\_ Pill? \_\_\_\_\_