

PLEASE FILL OUT WITH PEN

UNIVERSITY OF TENNESSEE

UT **Veterinary Medical Center**

DERMATOLOGY-CLIENT HISTORY QUESTIONNAIRE

STUDENT/CLINICIAN

DATE

1. Describe the complaint: _____

2. Is your pet itchy? _____ Does he/she scratch, rub, chew, bite, lick? (Circle all that apply)
Where? _____
3. How long has the skin problem been present? _____
4. Are there any changes in color, texture, quality of:
a. the hair (describe) _____

b. the skin (describe) _____

5. Is the problem worse at some times of the year than others (seasonality)? _____

6. What treatment(s) has your pet received? _____

What medication helped the most? _____

7. When was the last dose of steroids given? _____
Was it an injection or pills? _____
8. How often is your pet bathed? _____
What shampoos do you use? _____
9. What flea/tick control do you use on your pet? _____
Are all pets in the household on flea prevention? _____
10. What heartworm preventative is your pet on? _____
11. Describe your pet's diet, including treats. _____

12. What other pets are in the household? _____
Do they have any skin problems? _____
13. Do any people in the household have skin problems? _____
14. Does your pet have any other medical problems? _____

15. Is your pet on any medications for other medical problems? _____

COMPLETED BY OWNER/AGENT

11/04