TO BE COMPLETED BY OWNER/AGENT.

Describe the main complaint:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Is your pet itchy? [ ] yes [ ] no
Does he/she scratch [ ] rub [ ] chew [ ] bite [ ] lick [ ] lick [ ] (Check each that apply)

Where?

How long has the skin problem been present?

Are there any changes in color, texture, or quality of:
[ ] Hair - Describe:
[ ] Skin - Describe:

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

What treatments has your pet received?
____________________________________________________________________________
____________________________________________________________________________

What medication helped the most?
____________________________________________________________________________

When was the last dose of steroids given?

Was it an injection or pills?

How often is your pet bathed?

What shampoos do you use?

What flea/tick control do you use on your pet?

When was it last given?

Are all pets in the household on flea prevention? [ ] yes [ ] no

What heartworm preventative is your pet on?

Describe your pet’s diet, including treats.
____________________________________________________________________________

Does your pet go outside? [ ] yes [ ] no

Describe:

What other pets are in the household?

Do they have any skin problems?

Do any people in the household have skin problems?

Does your pet have any other medical problems?

Is your pet on any medications for other medical problems?