TO BE COMPLETED BY OWNER/AGENT.

Describe the main complaint: ____________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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

Where? ________________________________

How long has the skin problem been present? ______________________________________________________________________

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

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? ______________________________

Additional Comments ________________________________