



**CLIENT HISTORY QUESTIONNAIRE
DERMATOLOGY/ALLERGY CLINIC**

Date: _____

Name of person completing this form: _____

1. What skin or ear problem are you bringing your pet in for? _____
2. For how long has the problem been present? _____ How old was your pet when the problem first started? _____
3. When the problem started, did it come on suddenly or gradually over a period of time? _____
4. What did the skin or ear problem look like initially? _____
5. How has it changed or spread? _____
6. Have the problems been (check one):
 Continual, even with medications Continual, but better when on medications Intermittent or sporadic
7. Is the problem worse during certain times of the year? If so, when? _____
8. Over the past year, how itchy has your pet been during a typical outbreak of skin or ear disease? Use a scale of 1 to 10 where 1 means an occasional scratch, like a normal person or animal might do, and 10 means constant, severe scratching. Write a number from 1 to 10 here: _____
9. Using the same 1 to 10 scale, how itchy has your pet been over the past **one month**? Write a number from 1 to 10 here: _____
10. Is your pet receiving any treatment now? If yes, what kind? _____
11. When did your pet last receive any medication - and what medication was it? _____
12. What do you feed your pet now? _____
13. Have any different diets been tried as treatment? If so, list the **brand name** and for **how long** you fed it: _____
14. How often do you usually bathe your pet? _____ With what? _____
15. When was the last time you saw a flea on your pet or another pet in the household? _____
16. Do you routinely use flea or tick prevention products on your pet (list type)? _____
17. How old was your pet when you obtained him/her? _____ Where was your pet obtained? _____
18. What other pets are in the household? _____
19. Do any of the other pets have skin problems? _____ Do any humans in the household have skin problems? _____
20. What percentage of the day and night does your pet spend indoors vs. outdoors? Percent of time indoors: _____ %
Percent of time outdoors: _____ %
21. Other than skin disease, does your pet have any diagnosed medical problems? _____
22. Are there any other symptoms that your pet has that have not been described above, or is there anything else you think might be contributing to your pet's skin or ear disease? _____

↓ **PLEASE TURN OVER AND CONTINUE ON REVERSE SIDE** ↓

