

CANTON ANIMAL HOSPITAL DERMATOLOGY QUESTIONNAIRE

Client Name
Client Phone #
Pet's Name
Pet's Age
Sex
Breed

Appointment Date

Questions About Your Pet

1. What is the skin problem? (circle/check all that apply)
Itching Loss of Hair Rash Oily Skin Dry Skin Dandruff Redness Odor

Other (briefly explain)
2. When did you first notice the problem?
3. Are the symptoms worse any time of year?
Spring Summer Fall Winter
4. What did the problem look like when it first started?
Itching Loss of Hair Rash Pimples Redness

Other (briefly explain)
5. Where did it start?

Nose Eyes Ears Neck Back Tail Rump Legs Paws Chest Stomach Groin
6. Has it spread?

Yes, If so, Where? Explain

No
7. Does your pet scratch, rub, chew, lick or bite?
No

Yes, If Yes, Where? (circle/check all that apply)
Nose Muzzle Eyes Ears Neck Back Rump Tail Axilla ("Arm Pit")

Front Legs Back Legs Paws Chest Abdomen Groin
8. Was itching the first thing noticed?
Yes
No

9. Do you have other pets in the house?

List

10. Do they have any skin problems?

Explain

11. Do any people in your household have a skin problem?

Explain

12. Has your pet been neutered?

Yes (If so, What age?)

No

13. If female, has she had normal heat cycles?

Yes, (If so, when last appeared?) Any Problems?

No

14. Has your pet been out of his/her normal area (Vacation/visit/boarded, etc.)?

Yes (If so, where?) When?

No

15. What medication(s) has your pet been using since the problem started?

Oral

Topical

Injection

16. Did these medications help or cure the problem?

Yes No Some For a while

17. What type and brand of food and treats do you feed your pet?

Canned

Dry

Table Scraps

Other

18. Does your pet do or have any of the following? (circle/check all that apply)

Cough Sneeze Runny Nose Runny Eyes Vomit Diarrhea Poor Appetite

Excessive Appetite Regular Exercise Worms Shake Head

19. Has your pet had any other illnesses?

Explain: