

General Questions (not all will apply to your pet, tick those you can)

What is the main problem? _____

At what age was this condition first noticed? _____.

Has there ever been any previous dermatitis? _____.

Symptoms:

Have any of the following been observed:

___ sores ___ scabs ___ dandruff ___ hair loss ___ odour ___ hives
 ___ heat ___ redness ___ diarrhoea ___ tiredness ___ weight loss ___ depression
 ___ ear problems ___ weight gain ___ increased appetite ___ increased thirst

Does your pet:

___ rub at the face ___ lick or chew the paws, which paws _____. ___ scratch at the sides
 ___ lick the stomach area ___ roll on the back ___ bite at the tail area ___ sneeze
 ___ snort ___ wheeze. Other? _____.

Do the symptoms vary?:

If the dermatitis has been present for some time are the symptoms worse:

_____ Spring _____ Summer _____ Autumn _____ Winter

Are there symptoms present all year round? _____ Yes _____ No

What (if anything) causes a worsening of symptoms? _____

What helps? _____

Home details:

Do you have any other pets – and if so how many? ___ cats ___ dogs ___ birds ___ other

Does any human in the house have skin problems? ___ yes ___ no

Where does this pet sleep? _____

Have there been any other illnesses? _____

Bathing and fleas:

Does bathing: ___ help ___ worsen ___ make no difference

What type of shampoo are you using _____

How often do you prefer to bath your pet? _____ weekly _____ monthly _____ rarely

When was the last time a flea was seen on this pet? _____ other pets _____

What is the current flea treatment on this pet? _____

If flea treatment used on other pets? _____

Medication:

If previous medications have been used do you know what they were? _____ Yes _____ No

What previous medication: _____

If yes: _____ shampoos _____ rinses _____ injections _____ tablets _____ ointments

Last tablet given (date): _____ Last injection given (date): _____

Is your dog on heartworm tablets? _____ No _____ Yes _____ daily _____ monthly

Diet:

What do you normally feed your pet: _____ cans ___ dry ___ meat ___ table scraps

If meat - which types? _____

Any other foods? (eg vitamins, toast, biscuits) _____

Have you ever fed a special diet? _____ No _____ Yes If yes, what _____

What do you think could be the cause of this skin problem? _____