

Skin Problem Questionnaire

Patient Information Label

Doctor: _____

Tech: _____

1. What is the presenting complaint?

2. What is the location of the problem?(i.e. rash under arms, on belly, all over body, etc.) _____
3. When did it begin/how long has it been going on?

4. Has the pet had this, or a similar problem before? If yes, when?

5. Is your pet on flea, tick, or heartworm prevention? If so, when was it last applied?

6. Have you seen any fleas or ticks on your pet? _____
7. Does your pet get bathed or groomed? If yes, what shampoo was used, and when was the last time it was done? _____
8. Is your pet itchy, or does he/she seem uncomfortable?

9. Does your pet have contact with grass, weeds, plants etc.? If yes, has it recently been treated with anything? _____
10. Does your pet have any known allergies?

11. Does your pet seem to be in any pain? If yes, on a scale of 1-10, how much?

12. Is there any hair loss associated with the problem? _____
13. Is your pet currently on any kind of medications? If so, list:

14. Has your pet been licking, chewing, or scratching on any part of its body?

15. What is your pet's current diet? Be specific as possible, and list any changes to it.

16. Is your pet kept indoors, outdoors, or both? _____
17. Has your pet been away from its normal environment, or been around any new animals recently? _____
18. Have you recently moved, or taken your pet on any trips recently? _____
19. Have you noticed a foul odor to your pet? _____
20. Are there any skin lesions/sores that you have noticed? If yes, where?

21. Are there are reddish brown stains on your pet or areas where the skin is thick/leathery? If yes, where? _____
22. Does your pet's skin problem disturb you or your pet's ability to sleep through the night? _____
23. Have your or any other person in your household had any similar signs or lesions?
