**Name of pet:**

 Breed:

Age:

Sex: Male Female

Is your pet: Spayed Neutered Intact

Primary concern:

Is your pet itchy (including scratching, biting, licking, chewing, rubbing, and head shaking)? Yes No

If yes, on a scale of 0 (not at all) to 10 (very itchy), how itchy is the condition?

If yes, where on their body does your pet itch?

What percent of time does your pet spend: % Indoors % Outdoors

Does your pet have contact with any other animals?

If yes, which and where?

Does your pet travel? Yes No If yes, where and when?

Do other animals or people in the household have a similar problem?

Do you use flea/tick medications for your pet? Yes No

If yes, which product do you use? How frequently? Last application?

What does your pet currently eat (including treats)?

Have you fed them other foods (including treats)?

Where did the skin problem start?

Face Paws Back Tail

Ears Legs Stomach Other:

What happened when the skin problem first started?

Itching Redness Discharge Small Bumps Crusting Rash

Hair Loss Smell Pimples Large Bumps Dandruff

Other:

Age of pet when you first got it:

Age when skin problem first started:

Does the skin problem happen all year-round? Yes No

Did the problem start off only happening during some parts of the year? Yes No

Are there times of the year when the problem is worse? If so, which?

How has the problem changed over time?

What treatments has your pet gotten for the skin problem?

Have any helped? Yes (*if so, please list the ones that helped*) No

Does your pet have any of the following?

Vomiting/throwing up Drinking more Sneezing

Diarrhea Peeing more Runny eyes

Change in eating Coughing Other:

**Client Information:**

Name:

Address:

Telephone:

**Supervising Veterinarian:**

Address:

Telephone: