

	Client name	Mobile		_Home	
	Address				
	Email	EmailPrimary Veterinarian			
	Pet/Patient Name	Breed		Color	
	Birthdate/AgeAge of pe	t when acquired	SexS	Spayed/neutered?	
	Do we have permission to s (This may include a short description)				
1.	What problem are you bringing your pe	et in for?			
2.	How long has the problem been present?How old was your pet when it started?				
3.	What did the skin or ear problem initially look like?				
4.	How has it changed or spread?				
5.	Have the problems been (circle one) Continual but better on medications Continual, even with medication				
6.	Is the problem worse during certain times of the year? If so, when?				
7. On a scale of 1 to 10, 1 meaning occasional scratching (about 10% of the day) and 10 meaning severe screen scre					ratching
	(about 100% of the day), how itchy is ye	our pet during a typical ou	tbreak?		
8.	Please list ALL medications your pet is currently taking, including supplements and topicals				
9.	Does your pet scratch, rub, chew, lick o Back Paws Back Front Legs F	-			
	ArmpitsGroinInner Thighs/Legs				
	. What do you feed your pet now?				
11.	. Have any different diets been tried as t	reatments? Please list the	brand name	and how long you fed it.	
12.	. How often do you bathe your pet?				
13.	What flea and tick prevention products are you using for your pet?				
14.	When was the last dose of flea and tick prevention given?				
15.	. Do any of the other pets or humans in the household have skin issues?				
16.	What other pets are in the household?				
17.	. Are there any other symptoms that you	ır pet has that have not be	en described	l above?	

18. Other than skin disease, does your pet have any other diagnosed medical conditions?