

**Veterinary Allergy & Dermatology Services
Patient Questionnaire**

*****If you need additional room or want to add additional information, please write it on the second page*****

1) Describe your pet's symptoms (ie: scratching/chewing, licking, odor, hair loss, etc): _____

2) What areas of your pet are affected?: _____

3) How long have these current problems been going on?: _____

4) Does your pet appear to worsen during a certain time of the year? If so, when?: _____

5) Unrelated to any medications, do these problems "come and go" or are they continuous?: _____

6) Even if temporarily, are there any medications that helped?: _____

7) What current medications/therapies is you pet taking?: _____

8) Does your pet visit anywhere outside the home?: _____

9) Are there other animals in the household? If so, are they showing any symptoms?: _____

10) Are there any people in the household with skin problems?: _____

11) What amount of time does your pet spend: _____% Indoors _____% Outdoors

12) Where does you pet lay down/sleep when they are indoors? (Crate, on bed, couch, etc.): _____

13) What is your pet's current diet? (please include treats, snacks, etc): _____

14) Have you ever fed a prescription hypoallergenic diet? For how long? Were all treats, flavored medications, etc. stopped?: _____

15) How often is your pet bathed? What shampoo?: _____

16) Is your pet on any parasite control therapies (ie: flea control, heartworm)? If so, which ones and how often?: _____

17) Do you have any difficulties giving medications, bathing, or using topical therapies?: _____

Please feel free to expand on any of the above and include any information that you feel will be helpful.