Patient Questionnaire for Skin

1) If your pet's history (i.e. vaccines etc.) is not with us, which hospital should we contact?

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2) Does your pet spend any time outdoors? ( ) Yes ( ) No What percent each day? ____________________

( ) Fenced yard ( ) Leash walk ( ) Free roam

3) What is your pet's diet? _________________________ How much? ________________________________

4) Does your pet receive any medications or supplements? (Prescribed or OTC) ( ) Yes ( ) No

If yes, what medication and how much? ____

Heartworm Prevention _____________________________________ Date of last dose _____________

Flea/Tick Prevention ______________________________________ Date of last dose _____________

Shampoo ___________________________________ How often _______________________________

5) Habits / Symptoms

Urination:	( ) Normal	( ) Increased	( ) Decreased
Defecation:	( ) Normal	( ) Increased	( ) Decreased
Eating:	( ) Normal	( ) Increased	( ) Decreased
Drinking:	( ) Normal	( ) Increased	( ) Decreased
Vomiting:	( ) Normal	( ) Increased	( ) Decreased
Diarrhea:		( ) Yes	( ) No
Coughing:		( ) Yes	( ) No
Sneezing:		( ) Yes	( ) No
Fleas		( ) Yes	( ) No
Ticks		( ) Yes	( ) No
Scratching/Chewing/Licking:	( ) Yes	( ) No	Where ______________________
Hair loss	( ) Yes	( ) No	Where _______________________

Describe Skin: ( ) Dry ( ) Flaky ( ) Bumpy ( ) Irritated ( ) Odor to skin

PLEASE CHOOSE ONE OF THE OPTIONS BELOW AND SIGN

I give the Doctor permission to do any additional treatment or medication administration that she may deem necessary. ____

Please call me if the Doctor needs to do any additional treatment or medication.
_______________________________ ***Contact number*** ______________________________