

Questionnaire on skin diseases in dog and cat

Firstname/Lastname: _____
Street, house no.: _____
Postcode, City: _____
Phonenumber: _____
Email address: _____

Dog Cat
Name: _____
Breed: _____
Chipnumber: _____
Date of birth: _____
Sex: _____
Neutered: _____
Insured: YES NO Which insurance: _____

Origin of your pet:
Breeder: _____
private: _____
animal welfare: _____
Land: _____

How long have you owned the animal: _____
Contact with siblings? YES NO
If YES, do the siblings have similar problems?

Have you been referred by your family vet?
(please give name, address and telephone number)

A) Questions about general condition and husbandry

1. what is your pet currently being fed? _____
2. appetite: good _____ moderate _____ poor _____
3. water intake: normal _____ increased _____
4. digestion: frequency of defecation _____ consistency of faeces _____
5. condition, general condition _____
6. does your animal have other underlying diseases? NO _____, YES _____
Which ones? _____
7. menstrual cycle (in non-spayed bitches)
Normal _____ changed _____
8. in which room does your pet sleep? _____

9. which floor covering do you have?

Carpet _____, tiles _____, cork _____, parquet _____, laminate _____

10.

A) For dogs: Do you mainly go for walks?

Forest _____, meadows/ fields _____, other _____

B) for cats: Does your cat go outdoors or does it only live indoors?

11. are there other animals in the household? NO _____, YES _____

Which ones? _____

12. does your pet attend a dog day care centre or does your pet go to the office with you?

YES__ NO__

12. has your pet ever been abroad? NO ____, YES ____, Where _____

13. for cats: --> Have the following virus tests been carried out on your cat?

FelV _____ FIV _____

B) Questions about skin health

1. has your animal ever had problems with its skin/hair? NO ____, YES ____, When?

2. does your pet often lick its paws? _____

3. has your pet ever had problems with its ears? _____

4. what is the main reason for introducing your pet?

5 How long has your pet had the problem? _____

6. which parts of the body were affected at the beginning?

7. did the disease start with itching? YES _____ NO _____

8. were skin changes visible right at the beginning?

YES _____, NO _____ Only after more severe itching _____

9. have the skin changes spread since then? _____

10. is it a year-round problem? YES ____, NO ____

- a seasonally intensified but year-round problem _____

- a purely seasonal problem YES ____, NO ____

When? _____

11. do the skin problems (itching) occur more frequently at certain times of the day or at night? _____
12. when was the last time you noticed fleas on your pet and what measures were taken against them? _____

13. do other members (human or animal) of the household also have skin problems? _____
14. which medications (injections, tablets, shampoos, ointments) have already been used?
15. which examinations have already been carried out (when, with what results)? If available, please bring the results with you.

16. have you already carried out an elimination diet? NO ____, YES __
Please do not clean your pet's ears or bathe it 2 days before the skin appointment.
Thank you

Declaration of consent for the use of data for other purposes:

Small animal practice Dr Ulrike Morys, Niederrheinstr. 124, 40474 Düsseldorf, Telephone: 0211/4543570, Fax 0211 4543560, anmeldung@tierarzt-morys.de

With my signature I agree that the practice Dr. Morys (responsible: Dr. Ulrike Morys) collects my personal data given on the registration form for the purpose of carrying out a veterinary treatment contract on the basis of legal authorisations.

Your consent is regularly required for any further use of the personal data and the collection of additional information, as well as for forwarding to third parties. You can give such consent voluntarily below.

Consent to the use of data for further purposes: (please tick)

I consent to the data collected being used for billing purposes with pet insurance companies.

I agree that the data collected may be transmitted to other veterinary practices and clinics as part of veterinary referrals, if required and necessary.

I agree that the data collected may be transmitted to examination laboratories and institutes if necessary and required for further diagnostics.

I consent to Dr Morys' practice informing me by telephone.

I consent to Dr Morys' practice informing me by post/email and other digital services, including in unencrypted form.

I agree that the data collected may also continue to be used as intended by a successor within the framework of a continuation of the practice.

Düsseldorf, den _____

Data protection information: also available at www.tierarzt-morys.de

The protection of your personal data is important to us. We process your data exclusively in accordance with the statutory provisions (EU General Data Protection Regulation, Federal Data Protection Act). Below we inform you about the most important aspects of data processing in the context of our business relationship.

Collection and processing of data We process the data that you provide to us as a customer for the implementation of pre-contractual measures and upon conclusion of the contract. Data is processed for the following purposes: As part of our business relationship, the data you provide is processed at least with the help of partial or predominant automation (e.g. email correspondence, drawing programs) and in the form of archived text documents (e.g. correspondence, contracts, plans, notifications, manual files, personalised invoices) in order to carry out pre-contractual measures and fulfil the contract.

Legal basis for data processing: Data processing is carried out on the basis of Art. 6 para. 1 lit. b of the GDPR (contract initiation and fulfilment). We require your data (name and home address) in order to conclude and fulfil an examination/treatment contract and to be able to process it to your complete satisfaction. In addition, data processing is carried out on the basis of Art. 6 para. 1 lit. f GDPR (legitimate interest in marketing and advertising) or Art. 6 para. 1 lit. a (consent).

We would like to inform you as an interested party about our services, especially in the form of vaccination reminders and projects (in particular about the organisation of an 'Open Day').

Use of data We only use your data to fulfil the contract, to answer your enquiries, for accounting and billing purposes and for technical administration. Your data will be deleted if it is no longer required to fulfil the purpose for which it was stored, or if storage becomes inadmissible for legal reasons. Data for billing and accounting purposes are not affected by a request for deletion. Data cannot be deleted if we are required by law to retain or store it.

Your rights In principle, you have the right to information, rectification, erasure, restriction of processing, data portability, cancellation and objection. If you believe that the processing of your data violates data protection law or your data protection claims have been violated in any other way, you can lodge a complaint with the supervisory authority. This is the NRW state data protection authority. Your right to restrict processing includes the right to withdraw your consent to the forwarding of your data to third parties.

Tierarztpraxis Morys

Niederrheinstraße 124

40474 Düsseldorf

anmeldung@tierarzt-morys.de