Skin Disease Questionnaire for Dogs and Cats

Please return the completed skin questionnaire to us 3 days before your appointment so that we can prepare as thoroughly as possible. Please do not give your pet any medication **during the three days before the appointment** without consulting us first, and do not bathe your pet during this period.

First name, Last name: .....

Telephone: .....

Email: .....

Referring veterinarian: .....

Patient Information

Patient's name: .....

Date of birth / Age: .....

Species: ☐ Dog ☐ Cat

Breed: .....

Sex: ☐ Male ☐ Female **Neutered/Spayed?** ☐ Yes ☐ No

Origin of your pet: ☐ Breeder ☐ Private owner ☐ Animal rescue

☐ Imported from another country (which country?) .....

How long have you owned your pet? .....

How old was your pet when you acquired it? .....

Previous illnesses / Allergies: .....

Does your pet receive regular medication? ☐ Yes ☐ No **If yes, which medication(s)?**

.....

General Health and Husbandry

What do you feed your pet?? ☐ Dry food (brand?) .....

☐ Wet food (brand/varieties?) .....

☐ Treats/training treats (which exactly?) .....

Appetite?: ☐ Good ☐ Fair ☐ Poor

Water intake: ☐ Normal ☐ Increased ☐ Reduced

Body condition / General well-being: .....

Estrous cycle (for intact female dogs): ☐ Normal ☐ Altered:

.....

Where does your pet sleep? ☐ Outdoors ☐ Indoors ☐ Bedroom ☐ Bed

What type of flooring do you have? ☐ Carpet ☐ Tile ☐ Cork ☐ Hardwood ☐ Laminate ☐ Other: .....

Dog: Where do you usually walk your dog? ☐ Forest ☐ Meadows/Fields ☐ .....

Cats: Is your cat allowed outdoors? ☐ Yes ☐ No

Has your cat ever been tested for viral diseases? ☐ FeLV ☐ FIV

Has your pet traveled abroad: ☐ Yes ☐ No

If yes, where? .....

Are there other animals in your household? ☐ Yes ☐ No **If yes, which ones?**

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Are you in contact with the animal's littermates? ☐ Yes ☐ No

If yes, do the littermates have similar problems? ☐ Yes ☐ No

Does your pet attend dog daycare or accompany you to work? ☐ Yes ☐ No

When was the last time you found fleas or ticks on your pet, and what treatment was used? .....

Do you regularly use flea/tick prevention? ☐ Yes (Which product and when was it last administered?) ..... ☐ No

Is your pet regularly vaccinated? If yes, when was the last vaccination and against which diseases? ☐ Yes ☐ No

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Is your pet regularly dewormed? If yes, how often, when was the last treatment, and which product was used? ☐ Yes ☐ No

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Does your pet eat grass? ☐ Yes ☐ No

Does your pet have excessive gas or loud intestinal sounds? ☐ Yes ☐ No

Does your pet vomit? ☐ Regularly ☐ Occasionally ☐ Never

Frequency of defecation: ☐ 2–3 times daily ☐ 4–6 times daily ☐ More than 6 times daily

Stool consistency: ☐ **Hard** ☐ Firm, well formed ☐ Soft, mushy ☐ Diarrhea ☐ Covered with mucus ☐ Contains blood

Do you bathe your pet regularly? If yes, how often and with which shampoo?

☐ Yes ☐ No

.....

Does your pet have any of the following symptoms? ☐ Coughing ☐ Sneezing/Nasal discharge ☐ Lameness ☐ Weight gain ☐ Weight loss ☐ Increased water intake ☐ Increased urination ☐ Other symptoms: .....

Skin Health Questions

What is the main reason for today's consultation? .....

.....

How long has your pet had this problem? ..... Wells / Months / Years

Is the problem:

☐ Present all year round?

☐ Seasonal but also present throughout the year?

☐ Only seasonal? If so, when? .....

Are there times or conditions when the problem gets worse? ☐ Yes ☐ No

The condition started with: ☐ Itching ☐ Pimples/Papules ☐ Redness ☐ Hair loss ☐ Rash ☐ Other:

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Where did the problem first appear? ☐ Chest ☐ Neck ☐ Tail ☐ Armpits ☐ Inner thighs ☐ Genital area ☐ Front legs/paws

☐ Hind legs/paws ☐ Abdomen ☐ Back ☐ Trunk ☐ Eyes ☐ Muzzle ☐ Ears

Were skin lesions visible from the beginning?

☐ Yes ☐ No ☐ Only after the itching became more severe

Have the skin lesions spread since then? ☐ Yes ☐ No

Do the skin problems, especially itching, worsen at certain times of the day or at night?

☐ Yes ☐ No

Do other household members (people or animals) also have skin problems? ☐ Yes ☐ No

Has your pet had previous skin or coat problems? ☐ Yes ☐ No

If yes, when and what kind? .....

Has your pet ever had ear problems? ☐ Yes ☐ No

Does your pet frequently lick its paws? ☐ Yes ☐ No

Has your pet ever undergone an elimination diet? ☐ Yes ☐ No

If yes: When and for how long (weeks/months)? .....

What diet was used and what was the outcome? .....

What diagnostic tests have already been performed and what were the results?

(Please bring copies of any previous test results if available.)

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What treatments have already been used (injections, tablets, shampoos, ointments)?

Medication/Dose: .....

Duration/Outcome: .....

Is there anything else you would like to add? .....

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Thank you!

Your Veterinary Practice

Dr. Ulrike Morys

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