

## Dermatology Questionnaire

Patient's Name: \_\_\_\_\_

Date: \_\_\_\_\_

1) What symptoms is your pet experiencing: (please check all that apply)

- Itching/Scratching**
- Hair loss; If so, please describe where:** \_\_\_\_\_
- Flaky/scaly skin**
- Redness; If so, please describe where:** \_\_\_\_\_
- Dry skin**
- Oily skin**

2) If your pet is itching, please circle where:

3) On a scale from 1-10, how badly does your pet itch and scratch? (please circle)

**1(not at all)    2    3    4    5    6    7    8    9    10(constant)**

4) Does your pet itch more during certain seasons?    **YES    NO**

**If yes, please check which season(s)**

- Spring**
- Summer**
- Fall**
- Winter**

5) Is this the first time your pet has had these symptoms?    **YES    NO**

**If no, please explain when the last occurrence was:**

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6) Have there been any new medications/treats or food changes recently?    **YES    NO**

**If yes, please explain in detail on page 2 under medication and diet.**