BELLEROSE ANIMAL HOSPITAL
CLIENT HISTORY QUESTIONNAIRE
DERMATOLOGY/ALLERGY PATIENT
OR PATIENTS WITH EAR DISEASE

Client ______________________________ Patient ______________ Med Rec # _______ Date _______

1. What skin or ear problem are you bringing your pet in for? ____________________________________________

2. How old was your pet when the skin/ear disease first started? ___________ For how long has the problem been present? ____________

3. When the problem started, did it come on suddenly or gradually over a period of time? _________________

4. What did the problem look like initially? ___________________________________________________________

5. How has it changed or spread? __________________________________________________________________

6. Have the problems been (check one): [ ] Continual, even with medication [ ] Continual, but better when on medications [ ] Intermittent or sporadic

7. Is the problem worse during certain times of the year? If so, when? _________________________________

8. Over the past year, how itchy has your pet been during a typical outbreak of skin or ear disease? Use a scale of 1 to 10 where 1 means an occasional scratch, like a normal person or animal might do, and 10 means constant, severe scratching. Write a number from 1 to 10 here: ________________

9. Using the same 1 to 10 scale, how itchy has your pet been over the past one month? Write a number from 1 to 10 here: _________________

10. Is your pet receiving any treatment now? If yes, what kind? __________________________________________

11. When did your pet last receive any medication – and what medication was it? ____________________________

12. What do you feed your pet now? __________________________________________________________________

13. Have any different diets been tried as treatment? If so, list the brand name and type and for how long you fed it: ______________________________________________

14. How often do you usually bathe your pet? _________________________________________________________

15. When was the last time you saw a flea on your pet or another pet in the household? _________________

16. How old was your pet when you obtained him/her? _________ Where was pet obtained? ________________

17. What other pets are in the household? ____________________________________________________________

18. Do any of the other pets have skin problems? _________ Do any humans in the household have skin problems? _____________________________

19. What percentage of the day and night does your pet spend indoors vs. outdoors? Percent of time indoors: _______% Percent of time outdoors: _______%
20. Other than skin or ear disease, does your pet have any other diagnosed medical problems? __________

21. Are there any other symptoms that your pet has that have not been described above, or is there anything else you think might be contributing to your pet’s skin disease? ____________________________________________