

PATIENT DETAILS

Name:

Clinic logo here

Age:

Breed:

Sex:

Weight:

PATIENT HISTORY

What is the main problem?

Itching

Ear infection

Hair loss

Rash

Something else

Age when problem first noticed?

How long has this problem been going on?

A few weeks

1-6 months

6-12 months

1-2 years

>2 years

How frequent is this problem?

Continuous

Seasonal

Intermittent

What areas are affected?

Face (including chin/nose/eyes)

Ears

Neck

Top of back

Sides of body

Bottom

Front of legs

Front paws

Back legs

Back paws

Armpits/chest

Abdomen/groin

CURRENT AND PREVIOUS TREATMENTS



Has your dog received any medication for the problem?

Cortisone/steroids/prednisolone

Antibiotics

Other

Atopica/cyclosporin

Apoquel

Ear drops

Medicated shampoos

Response to the medication

Complete response but relapsed when stopped

Partial response

No response

Do you use any anti-flea products on your dog?

No

Yes

If yes, state name of product(s) and how often used:

Do you routinely bath/shampoo your dog?

No

Yes

If yes, state name of product(s) and how often used:

Has your dog ever had a bad reaction to any drug, treatment or shampoo?

No

Yes

If yes, state name of product(s) and nature of reactions:

DIET



Which of the following do you feed your dog?

Dry dog food

Wet/canned dog food

Other

Fresh meat (raw or cooked)

Fish

BARF (biologically appropriate raw food/raw meaty bones)

Supplements (vitamins, minerals, essential fatty acids, glucosamine, etc.)

Table scraps

Dog treats (raw hide chews, pigs' ears, schmackos etc)

Have you tried feeding a special home cooked, hypoallergenic or prescription diet for the skin problem?

No

Yes

If yes, please provide details:

RISK OF CONTAGION OR HEREDITARY DISEASE

Are there any other pets in the household?

No

Yes

If yes, please provide details:

Do any of these animals have skin problems?

No

Yes

If yes, please provide details:

Do you know if any of your dog's relatives have suffered from similar skin problems?

No

Yes

If yes, please provide details:

Do any human family members have skin problems that coincided with the dog's problem?

No

Yes

If yes, please provide details:

ENVIRONMENT AND LIFESTYLE



Approximately how much time does your dog spend OUTSIDE the house during the day?

None	< 3 hours	6-12 hours
To toilet	3-6 hours	> 12 hours

Where does your dog go for walks/exercise?

Roadside	Beach	Other (please describe)
Fields/grass	Backyard	
Bush		

Does your dog have access to the whole house, including the bedrooms?

No Yes

Outside the house, does your dog have access to a yard/garden?

No Yes

Where does your dog sleep?

Indoors (please detail)	Outdoors (please detail)
----------------------------	-----------------------------

Does your dog have access to wildlife/farmland when outside?

No Yes

Does your dog ever go to kennels or grooming parlours?

No Yes

Does your dog swim?

No Yes If yes, how often:

GENERAL HEALTH



Other than the skin problem, is your dog suffering from any other health problems at the moment or in the past?

No Yes If yes, please provide details:

Is your dog on any medications for other health problems?

No Yes If yes, please provide details:

Has your dog gained or lost weight within the last few months?

No Yes If yes, please provide details:

Is your dog less active than normal?

No Yes If yes, please provide details:

Does your dog have a poor appetite or excessive thirst?

No Yes

Have there been any of the following clinical signs since the skin problem started?

Coughing

Sneezing

Hearing problems

Abnormal urination

Fits or seizures

Abnormal heats/seasons

Abnormal sexual behaviour

Vomiting

Diarrhoea