

MORTON SMALL ANIMAL CLINIC

SKIN QUESTIONNAIRE

Since your pet can't talk, please fill out this form completely.
The diagnosis largely depends on a complete history and thorough physical exam.

Date _____ - _____ - _____

Owner's Name _____

Contact Phone _____

Pet's Name _____

Age _____

Where does your pet itch the most? (Check all that apply)

Feet (licks) Face (rubs) Groin (licks) Ears Chest

Rump Tail Other _____

At what age did the problem begin? _____ Is it year round? _____

What signs are present? (Check all that apply)

Hair loss Rash Dandruff Odor Fleas

Other _____

Bathing: How often do you bathe your pet? _____

What shampoo do you use on your pet? _____

Flea Control: What product(s) do you use on your pet? _____ How often? _____

What product(s) do you use in your environment? _____ How often? _____

What skin treatments has your pet received in the past? _____

Did they work? _____

What is your pet's diet? _____ Is your pet boarded frequently? _____

Do members of your family (animal and/or human) experience similar problems? _____

Is your pet around other non-family pets? _____ Where? _____

Is your pet currently on any medications for his/her skin or otherwise?* _____

*Provide full list of medications (prescription and over the counter) on the back of this sheet.