

PATIENT DETAILS



Name:

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

Medicated shampoos

Atopica/cyclosporin

Apoquel

Other

Ear drops

Cytopoint

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)
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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:



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 |