



METROPOLITAN VETERINARY ASSOCIATES
&
EMERGENCY SERVICES

Dr. Karen Farver DVM, ACVD
DERMATOLOGY
New Patient History Questionnaire

Date: _____

WT: _____

An accurate history of your pet's dermatological problems is extremely important for diagnosis and treatment. Please answer ALL the following questions in as much detail as possible. Check the appropriate boxes and provide descriptions as possible. Thank you for your time.

General Health History:

- Any change in water intake or urine output?
- Any respiratory issues?
- Any ongoing vomiting or diarrhea issues?
- Any change in physical activity? Loss or gain of weight?
- History of or increase in ocular or nasal discharge?
- Any previous non-dermatological diseases/operations?

Origin of pet : Where did you obtain your pet?

- Has your pet always lived in this part of the country?
- If no, where did you move from and when?

Diet: What food are you feeding now? _____

- Has your pet ever been on a special food elimination diet?
What brand of food was used and for how long? _____
- Were treats, tablet food, biscuits, rawhides, or chewable medications (including heartworm preventative) given while on the diet?

Other in contact animals:

- Are there any other pets in contact with your pet?
 - Do any of your other pets have a skin condition?
 - Are you aware of any relatives of your pet having similar conditions?
 - Has any person in your house had skin problems since your pet started having skin problems?
 - Are there foxes in the area/neighborhood or do you take your pet walking in the woods?
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Antiparasitics:

- Is your pet currently on flea preventative? YES () NO () which? _____
- Have you noticed any fleas on your pet or any pet in the home/in contact with your pet?
- Is your DOG currently on heartworm preventative? YES () NO () which? _____
- When was your DOG last tested for heartworm disease? _____
- Has your CAT tested negative for FELV and FIV? _____ Indoor/Outdoor (please circle) CAT?

Describe your pet's skin problem, currently and historical (check all that apply):

- Scratching, chewing, biting, rubbing, licking skin ()
- Ear infections ()
- Hair loss with itching/licking () –OR- Hair loss without itching/licking ()
- Scabs, pimples, red bumps (skin infection) ()
- Excessive dandruff, flaking/dry skin ()
- Bad skin odor, greasiness ()
- Nail infections, losing nails ()
- Other (please list) _____

History of skin issues:

- Was itching the first sign of your pet's skin disease that you noticed?
- How long has your pet had this skin problem? _____ days/weeks/months/years (circle)
- Was the problem's onset GRADUAL () or SUDDEN ()?
- On a scale of 1-10, with 1=occasional scratch or chew and 10=severe, constant scratching; how would you rate your pet's level of itchiness now? (circle one) 1 2 3 4 5 6 7 8 9 10
- Is there a relationship between the severity of your pet's problem and the season of the year?
If yes, please check the seasons when the problem occurs or is at it's worst:
Spring() Summer () Fall () Winter ().
(if applicable) The problem begins in _____ and ends in _____ (list months)
- Describe how the problem first appeared.
- Where on the body does your pet scratch/lick/bite/rub the most?
- Have you noticed any change in the health or behavior of your pet that coincided with the skin problem? (ie: changes in appetite/thirst/urination/activity) YES () NO () please describe:

Previous/Current medical treatments/therapies:

What treatments/medications has your pet received for his/her skin problem?

This includes antibiotics, antifungals, ear medications, steroids/antihistamines, etc. Please list and include the dates/duration of treatment, as well as the effectiveness.