



When it's time for an expert

Initial Consultation History

Name:

Pet's Name:

Address:

What is the main concern about your pet today? Please put an **(X)** next to all that apply:

Dandruff or Crusts

Ear Problem

Hair Loss

Itching

Odor

Oily Skin

Pigment Change

Rash or Redness

Other, please specify:

At what age did you first notice the problem? Please put an **(X)** next to all that apply:

<3 months old

3 to 6 months old

6 to 12 months old

1 to 3 years old

3 to 6 years old

>6 years old

Did the problem start suddenly or gradually? Please put an **(X)** next to your answer:

Suddenly

Gradually

Where on the body did the problem start? Please put an **(X)** next to all that apply:

Abdomen	Tail
Chest	Trunk
Ears	Paws or legs
Face	Other, please specify:

What time of year does your pet itch the most? Please put an **(X)** next to all that apply:

All seasons are equal
Not itchy
Fall
Spring
Summer
Winter

Does your pet seem to itch more when outside? Please specify answer with an **(X)**:

Yes
No

Where does your pet spend most of his/her time? Please specify answer with an **(X)**:

Inside
Outside

What is your pet's current diet? Please write answers below:

Have you ever fed a special diet because of a food allergy?

What treats do you feed?

How often do you bathe your pet?

When was your pet's last bath?

What shampoo(s) do you use when you bathe your pet?

What treatments have temporarily helped this problem before?

Please put an **(X)** next to all that apply:

Antibiotics

Flea Control

Prednisone

Steroid Injection

Topical Therapy

Other

What treatments have not helped this problem before? Please type answers below:

Provide all current medications and treatments, if known:

Are you finding fleas on any of your pets? Please specify answer with an **(X)**:

Yes

No

What flea products do you use?

Do you have other pets with a skin/ear problem?

Do any members of your family have an unexplained skin problem? If Yes, Please explain:

Has your pet traveled outside of the area?

Does your pet eat, drink, urinate, and defecate normal amounts?

Is your pet allergic to any medications?

Other than the skin or ears, has your pet had any other medical problems?

We appreciate your time filling out this form. This will be helpful for us to determine a treatment plan for your pet. We are looking forward to improving your pet's quality of life. Thank you.

SkinVet Clinic Staff

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