



SOUTH CAROLINA
**VETERINARY
SPECIALISTS**
State of the Art Care, In the Heart of the State

Dermatology Service Client Questionnaire

Date (mm/dd/yy) _____ Referring Veterinarian _____
Owner's name: Last _____ First _____
Address _____ City _____ State _____ ZIP _____
Phone: Home (____) _____ Work (____) _____ Pager/Cellular (____) _____
Email address _____@_____
Pet's name _____ Dog/Cat Age/DOB _____ Sex ___ Neutered? Y/N
Breed _____
Color _____

1. What is the pet's skin problem? Itching _____ Rash _____ Oily Skin _____ Dry Skin _____
Hair Loss _____ Ear Problems _____ Odor _____ Other _____
(Explain) _____
2. How long have these skin problems been present? _____
3. Was itching the first thing you noticed? Y/N **If not**, what was first noticed? _____
4. Where did it start? (Circle the areas involved) Eyes Ears Nose Muzzle Neck Paws
Back Rump Tail Forelegs Hindlegs Chest Abdomen Armpits Underside of Tail/Anus
Mouth
5. Has the problem spread? Y/N **If yes**, where? Eyes Ears Nose Muzzle Neck Paws
Back Rump Tail Forelegs Hindlegs Chest Abdomen Armpits Underside of Tail/Anus
Mouth
6. Does your pet scratch, rub, lick, chew, or groom excessively? Y/N
If yes, where? _____ Does your pet scoot (drag his/her bottom)? Y/N
7. Are the symptoms worse in the (circle any or all that apply) Spr Sum F W Doesn't matter
Have the symptoms been seasonal in the past? Y/N
If yes, which season(s)? _____
8. Are there any other pets at home? Y/N **If yes**, list them (what kinds of pets): _____
9. Do any of them have skin problems? Y/N
If yes, are they similar to this pet's skin problem? Y/N
10. Do any people in contact with this pet have any skin problems? Y/N
Describe: _____
11. Percent of time your pet is kept or spends: Indoors _____% Outdoors _____% (pen/yard/roams)
12. If your pet is female and intact, has she had normal heat cycles? Y/N
Has she ever been bred? Y/N Has she ever had a litter? Y/N



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13. Do any of your pet's relatives have skin problems? Y/N Describe _____

14. Does your pet (or any other pet at home) have fleas? Yes No Did have Occasionally

15. Do you or have you recently used any of the following? **If so**, how often?
Program _____ Advantage _____ FrontLine TopSpot _____ Revolution _____
other _____

17. Do you use insecticides indoors? Y/N
If yes, what? _____ Outdoors? Y/N _____

18. Is your pet on heartworm preventive? Y/N **If yes**, what? Monthly/Daily Chewable/Pill
Brand _____

19. Does your pet receive any dietary supplements? Y/N
If yes, what? _____

20. What type (brand/flavor) of food do you feed your pet? _____

21. Does your pet have or do any of the following? Runny Eyes/Nose Cough Vomit Diarrhea
Poor/Excessive Appetite Sneeze Excessive Drinking Worms Shake Head
Trouble with Urination Excessive Urination Trouble with Defecation
Other _____

22. Does or did your pet have any other illness? Please list: _____

23. Indicate which medications your pet has received in treatment of this skin problem (star
those which have seemed to help or clear up the problem):

Steroids (Prednisone/Cortisone/Vetalog/Depomedrol)
Antibiotics (Keflex/Clavamox/Tribrissen/Baytril)
Antihistamines (Atarax/Vistaril/Chlortrimaton/Benadryl)
Shampoo/Rinse/Conditioner/Ointments/Sprays
Ear or Eye Drops _____
Other _____

24. Other information you feel is pertinent: _____

I give SCDRS/SCVS permission for unrestricted use of pictures of my pet taken at their facility.

Signature _____ Date _____