



# CEDARWOOD VETERINARY HOSPITAL

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## Dermatology/Allergy Patients or Patients with ear Disease Questionnaire

Date: \_\_\_\_\_

Cat/Dog

Client Name: \_\_\_\_\_

Male/Female

Patient Name: \_\_\_\_\_

Spayed/Neutered

D.O.B: \_\_\_\_\_

Breed: \_\_\_\_\_

1. What skin or ear problem are you bringing your pet in for?

\_\_\_\_\_  
\_\_\_\_\_

2. How old was your pet when the skin/ear disease first started? \_\_\_\_\_

3. For how long has the problem been present? \_\_\_\_\_

4. When the problem started, did it come on suddenly or gradually? If gradually over what period of time?

\_\_\_\_\_

5. What did the problem look like initially? \_\_\_\_\_

6. How long has it changed or spread? \_\_\_\_\_

7. Have the problems been (Check one)  Continual, even with medications  
 Continual, but better when on medications  
 Intermittent or sporadic

8. Is the problem worse during certain times of the year? If so, when? \_\_\_\_\_

9. Over the past year, how itchy has your pet been during a typical outbreak of skin or ear disease? Use a scale where 1 means an occasional scratch, (like a normal person or animal might do), and 10 means constant, severe scratching. Write a number from 1 to 10: \_\_\_\_\_

10. Using the 1-10 scale, how itchy has your pet been over the past one month? \_\_\_\_\_

11. Is your pet receiving any treatment now? If yes what kind? \_\_\_\_\_

12. When did your pet last receive any medication if any? \_\_\_\_\_

13. What do you feed your pet now? \_\_\_\_\_

14. Have any different diets been tried as treatment? If so, list the brand name and type and for how long you fed the diet.

\_\_\_\_\_

15. How often do you usually bathe your pet? \_\_\_\_\_

16. When was the last time you saw a flea on your pet or another pet in the household? \_\_\_\_\_

17. How old was your pet when you obtained him/her? \_\_\_\_\_

18. Where was the pet obtained from? \_\_\_\_\_

19. What other pets are in the household? \_\_\_\_\_
20. Do any of the other pets have skin problems? \_\_\_\_\_ Do any humans in the household have skin problems? \_\_\_\_\_ If yes explain: \_\_\_\_\_
21. What percentage of the day and night does your pet spend indoors vs. Outdoors?  
 % of time indoors: \_\_\_\_\_ % of time outdoors: \_\_\_\_\_
22. Other than skin or ear disease, does your pet have any other diagnosed medical problem? If yes, explain. \_\_\_\_\_
23. Are there any other symptoms that your pet has that have not been described above, or is there anything else you think might be contributing to your pet's skin disease? \_\_\_\_\_

In the following table, check which symptoms have been present and how severe have they been over the entire course of the pet's skin problem. (check one box for each symptom)

Symptom	Never occurs or none	Occurs rarely or Slight	Occurs occasionally or moderate	Occurs often or severe
Scratching/licking/biting at self				
Hair loss or poor regrowth of hair				
Increased redness to skin				
Small red spots, pimples, bumps, rash				
Dandruff, flakiness, scaliness of skin				
Increased odour of skin or coat				
Crusty or scabby patches on skin				
Open, raw sores				
Areas that ooze blood or puss				
Eyes-redness, irritation, itching, discharge				
Change in colour or texture of hair				
Darkening of areas of skin				
Loss of pigment on skin (black parts turn pink)				
Ear infections				
Fleas seen on pet				
Diarrhea or loose stools				
Vomiting				
Sneezing or wheezing				
Changes in pet's usual personality				
Changes in pet's usual activity level				
Weight loss or weight gain				
Changes in pet's appetite				
Changes in amount of water consumed				
Changes in urinary habits				

24. How much licking, biting, chewing, scratching, or rubbing does your pet do on the following areas of the body? (check one box for each body area)

Body Area	Not Itchy	Mildly Itchy	Moderately Itchy	Severely Itchy
Feet/Paws				
Legs/Arms				
Abdomen(belly)/ Genital Area				
Armpits/chest/Sides of body				
Face/Eyes				
Ears/Earflaps				
Along the back or rump				
The tail itself				

Anal area				
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25. It is important that we know which types of medications were given to your pet in the past, and whether they helped. On the list of medications below, check if they have been given, and if so, how much relief they produced. (Indicate if and how much they helped)

Treatment of Medication	Was it ever given?			If given, how much did it help?		
	Yes	No	Not Sure	Did not Help	Helped Some	Helped a lot
Cortisone pills or injections (steroids, prednisone, anti-itch pills)						
Antibiotics alone (with NO other medications given at the same time)						
Antihistamines						
Fatty Acid Capsules						
Ivermectin (injection for mites)						
Medicated Shampoo						
Medicated dip						
Apoquel						