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Dermatology new Patient owner Questionnaire

We are looking forward to seeing you and your pet. In order to help us understand your pet's problems, please complete all sections of this questionnaire. Your answers will help us give your pet the best care possible. If you are unsure of how to respond to a question, please ask during the office visit. **Remember to bring the completed form with you to the appointment. If you are unable to keep this appointment, please call (780) 475-9912 at least 24 hours in advance to cancel. Thank you very much!**

DATE OF APPOINTMENT (if known): _____ (Month/Day/Year)

OWNER AND PET INFORMATION

Your first and last name(s): _____

Your pet's name: _____

SECTION 1 – Is itching the reason for the consultation with the dermatologist?

1.1. Is any of the following the primary reason for today's visit? Itching, scratching, chewing, biting, nibbling, licking, rubbing of any part of the body. No. Skip to page 3.
 Yes. Proceed to next question.

1.2. Please check all parts of the body that apply.

- | | | | |
|--|---|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Feet, paws | <input type="checkbox"/> Ears | <input type="checkbox"/> Face | <input type="checkbox"/> Armpits |
| <input type="checkbox"/> Back | <input type="checkbox"/> Belly, stomach | <input type="checkbox"/> Chest | <input type="checkbox"/> Chin |
| <input type="checkbox"/> Eyes | <input type="checkbox"/> Groin | <input type="checkbox"/> Legs | <input type="checkbox"/> Neck |
| <input type="checkbox"/> Nose | <input type="checkbox"/> Rump | <input type="checkbox"/> Sides/flanks | <input type="checkbox"/> Tail |
| <input type="checkbox"/> Somewhere else: _____ | | | |

1.3. Which of the following statements best describes the seasonality of itching or ear problems in your pet over the last 12 months? One response only.

- I cannot answer this question because the problems have been going on for less than a year. Skip to next question.
- The pet itches the same all year round (absolutely no increase in itch in winter compared with warm weather months). This was true from the onset.
- The pet used to have a warm weather seasonal itch that has evolved into a year-round itch gradually over time.
- The pet itches all year round but itching increases noticeably in the winter (especially when the forced-air heating is turned on).
- The pet itches all year round but itching increases noticeably in the warm weather months when the pollens are out.
- The pet does not itch at all in the winter but itching occurs in the warm weather months when the pollens are out.

1.4. If you pet's itching seems to get worse sometimes, please check all that apply.

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Mainly in the spring | <input type="checkbox"/> Mainly in the summer | <input type="checkbox"/> Mainly in the fall | <input type="checkbox"/> At night |
| <input type="checkbox"/> In the morning | <input type="checkbox"/> After eating | <input type="checkbox"/> In the house | <input type="checkbox"/> Outside, in contact with vegetation (mowed grass, trees, weeds, plants) |
| <input type="checkbox"/> After this medication: _____ | | | |
| <input type="checkbox"/> After this situation or event: _____ | | | |

SECTION 2 – How severe is your pet’s itching?

2.1. The behavioural scale below is designed to measure the severity of itching. Read all the descriptions below starting at the bottom. Then place a mark anywhere on the vertical line to indicate the point at which you think your pet’s level of itchiness currently lies.



SECTION 3 – Are there any problems other than itching?

3.1. Please check any of the following problems that pertain to your pet.

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Curving nails | <input type="checkbox"/> Foot problems (pododermatitis) | <input type="checkbox"/> Flaky, dry skin (dandruff) | <input type="checkbox"/> Hair Loss (alopecia) |
| <input type="checkbox"/> Cracking nails | <input type="checkbox"/> Interdigital cysts | <input type="checkbox"/> Oily, greasy skin | <input type="checkbox"/> Red skin (erythema) |
| <input type="checkbox"/> Breaking nails | | <input type="checkbox"/> Smelly skin | <input type="checkbox"/> Thick skin (Elephant skin) |
| <input type="checkbox"/> Sloughing nails | | | |
| <input type="checkbox"/> Rash(es) | <input type="checkbox"/> Head shaking Ear | <input type="checkbox"/> Lumps, bumps (nodules, masses) | <input type="checkbox"/> Red skin welts (urticaria/wheals) |
| <input type="checkbox"/> Red bumps (papules) | <input type="checkbox"/> scratching Smelly | | |
| <input type="checkbox"/> Pimples (pustules) | <input type="checkbox"/> ears (otitis) | | |
| <input type="checkbox"/> Scabs (crusts) | | | |
| <input type="checkbox"/> "Hot spots" | | | |
| <input type="checkbox"/> Change in stool consistency | <input type="checkbox"/> Gas, flatulence | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Diarrhea Weight |
| <input type="checkbox"/> Poor appetite | <input type="checkbox"/> Scooting (rubbing bum on floor) | <input type="checkbox"/> Runny eyes | <input type="checkbox"/> loss Increased |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Sneezing | <input type="checkbox"/> Runny nose | <input type="checkbox"/> urination |
| <input type="checkbox"/> Excessive appetite | <input type="checkbox"/> Lameness | <input type="checkbox"/> Weight gain | <input type="checkbox"/> Increased thirst |
| | | <input type="checkbox"/> Seizures | <input type="checkbox"/> Tiredness / lethargic behavior |
| <input type="checkbox"/> Other: _____ | | | |

3.2. How many bowel movements does your pet have per day?

- I'm not sure. Skip to next section. Number: _____ / day.

SECTION 4 – How long have the problems been present?

- I'm not sure. Skip to page 4. Duration (in years or months or weeks): _____.

SECTION 5 – Origin, travel history, environment, other animals, people in your household, grooming

5.1. How old was the pet when adopted?

I'm not sure. Skip to next question.

Age (in years or months or weeks): _____.

5.2. Where was the pet adopted (i.e. pet store, breeder, SPCA etc.)?

5.3. Has the pet traveled outside of the province of Alberta?

No. Skip to next question.

Yes. Where, when: _____.

5.4. Has your pet been out of his or her usual environment recently (i.e. vacation, play date, day-care, visit to family or friends, kennel, pet-sitter, etc.)?

No. Skip to next question.

Yes. Details: _____

5.5. Please check any of the following that are present in your pet's environment.

Carpet(s)

Forced-air heating

Tobacco smoke

Swimming in ocean

Rug(s)

Radiant heating

Swimming in lake

Wool blanket(s)

Feather blanket(s), duvet(s)

Swimming in river

5.6. Do you have any other indoor animals?

No. Skip to next question.

Yes. Details: _____.

5.7. Do you have any other outdoor animals?

No. Skip to next question.

Yes. Details: _____.

5.8. Do any of your other animals have skin problems?

No. Skip to next question.

Yes. Details: _____.

5.9. Do any people in your house have skin problems?

No. Skip to next question.

Yes. Details: _____.

5.10. How much time does your pet spend in the house?

Stays in the house all the time

Never comes in the house

If goes outside, percentage of time spent outdoors: _____ %.

5.11. Do you (or someone else) bathe/groom your pet at home?

No. Skip to next question. Yes. Frequency and products: _____

5.12. Do you (or someone else) bathe/groom your pet somewhere else?

No. Skip to next question. Yes. Frequency and products: _____

SECTION 6 – Diet history

6.1. What does your pet eat? Please tell us brands and check the labels for main ingredients (i.e. chicken, beef, lamb, rice, corn, wheat etc.)

Canned food _____

Dry food _____

Raw food _____

Treats _____

Human food _____

Other _____

6.2. When did you start feeding the current diet?

- I'm not sure. Skip to next question. Duration (in years or months or weeks): _____.

6.3. Have hypoallergenic diets been tried?

- No. Skip to next question. Yes, but it did not help the skin problems.
 Yes, and it helped with the skin problems. Yes, and it helped with the gastrointestinal problems.

6.4. Please check any of the following statements that pertain to the previous use of hypoallergenic diets.

- There were so many that I can't remember.
- I tried the following diet(s) prescribed by my veterinarian(s). **Please check all that apply.**
- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Hills z/d Low Allergen | <input type="checkbox"/> Hills z/d Ultra Allergen Free | <input type="checkbox"/> Medical Hypoallergenic | <input type="checkbox"/> Medical Gastro |
| <input type="checkbox"/> Hills d/d duck/green pea | <input type="checkbox"/> Hills d/d salmon/potato | <input type="checkbox"/> Hills d/d venison/green pea | |
| <input type="checkbox"/> Eukanuba lams fish/potato | <input type="checkbox"/> Purina DRM | <input type="checkbox"/> Royal Canin Skin Support | |
| <input type="checkbox"/> Hills d/d duck/potato | <input type="checkbox"/> Purina HA | <input type="checkbox"/> Royal Canin HP 19 or 23 | |
| <input type="checkbox"/> Medical Vegetarian | <input type="checkbox"/> Royal Canin Sensitivity venison/rice | <input type="checkbox"/> Royal Canin Sensitivity duck/rice | |
| <input type="checkbox"/> Eukanuba lams kangaroo/oat | <input type="checkbox"/> Royal Canin Sensitivity catfish/rice | | |

- I tried the following over-the-counter diets; raw or home-cooked ingredients. Add an extra page if needed. Please try to remember the brands and main ingredients (i.e. duck, venison, rabbit, brushtail, kangaroo, fish, salmon, green pea, sweet potato, potato etc.)

SECTION 7 – Other illnesses, current and previous treatments

7.1. Does your pet have any other illnesses?

- No. Skip to next question.
 - I'm not sure.
 - Yes, now. Details: _____
 - Yes, in the past. Details: _____
- _____
- _____
- _____

7.2. Does your pet have any known adverse/allergic reactions to medications (i.e. antibiotics, anesthesia, sedation, vaccinations, shampoos, ear cleaners, ear drops etc.)?

- No. Skip to next question.
 - Yes. Details: _____
- _____
- _____
- _____
- _____
- _____

7.3. List any medications (oral, shampoo, ear drops, thyroid and hart medications etc.) your pet is currently taking. Include all treatments that are over-the-counter. Add an extra page if needed.

7.4. Please check any of the following statements that pertain to the use of medications for skin.

- There were so many that I can't remember. Skip to page 7.
- My veterinarian(s) can give you the information about prescription medications.
- The itch goes away completely as long as my pet gets steroids (i.e. Vanectyl-P, prednisone, prednisolone).
- The itch is partially controlled as long as my pet gets antihistamines (i.e. Benadryl, Reactine).
- The rashes go away completely with antibiotics but keep coming back.
- I tried cyclosporine (Atopica).
- I tried allergy shots.
- I have tried everything and nothing works.

