

Date: _____

Owner's Name: _____

Pet's Name: _____

1. Presenting complaint: _____
2. How long has the problem been present? _____ How old was your pet when the problem started? _____
3. When the problem started, did it start suddenly or gradually over a period of time? _____
4. What did the skin or ear problem look like initially? _____
5. How has it changed or spread? _____
6. Have the problems been (check one):
 Continual, even with medication Continual, but better when on medications Intermittent or sporadic
7. Is the problem worse during certain times of the year? If so, when? _____
8. On a scale of 1 to 10, where 1 means occasional scratching (like a normal animal), and 10 represents constant, severe scratching, how itchy has your pet been in the last month _____? In the last 6 months _____?
9. Is your pet receiving any treatment now? If yes, what kind? _____
10. Is your pet receiving any medication currently? If yes, what medication? _____
11. What do you feed your pet currently? _____
12. Have you tried different diets in the past? If so, please name the brand and how long you fed it:

13. How often do you usually bathe your pet? _____ With what? _____
14. Do you routinely use flea or tick prevention products on your pet? _____ Which ones? _____
15. How old was your pet when you obtained him/her? _____ Where was your pet obtained? _____
16. Are there other pets in the household? _____
17. Do any of the other pets have skin problems? _____ Do the humans in the house have skin problems? _____
18. What percentage of the day does your pet spend indoors? _____ Outdoors? _____
19. Other than skin disease, does your pet have any diagnosed medical problems? _____
20. Is there any other information that might be helpful?



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I have read and understand the above:

Signature: _____

Printed Name: _____

Date: _____

1. In the following table, check (✓) which symptoms have been present and how severe they have been over the entire course of the pet's skin or ear problem(s). Please 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				
Small red spots, pimples, bumps, rash				
Dandruff, flakiness, scaliness of the skin				
Increased odor of skin or coat				
Crusty or scabby patches on the skin				
Open, raw sores				
Areas that ooze blood or pus				
Eyes – redness, irritation, itching, discharge				
Change in color or texture of hair				
Darkening of areas of the skin				
Loss of pigment of 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				

2. How much licking, biting, chewing, scratching, or rubbing does your pet do on the following areas of the body? (Check ONE box for each symptom).

BODY AREA	Not Itchy	Mildly Itchy	Moderately Itchy	Severely Itchy
Feet/paws				
Legs/arms				
Abdomen (belly)/genital areas				
Armpits/chest/sides of body				
Face/eyes				
Ears/ ear flaps				
Along the back or rump				
The tail				
Anal area				

3. 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. (Check box YES if given, then how much the treatment helped).

TREATMENT OR 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 shots (steroids, Temaril P, prednisone, Vetalog, anti-itch pills)						
Antibiotics alone (with NO other medication given at the same time)						
Antihistamines (Benadryl, Zyrtec, etc.)						
Antifungal medications (ketoconazole, etc.)						
Cyclosporine (Atopica)						
Apoquel						
Allergy shots/immunotherapy						
Cytopoint (CADI)						