

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?



### Permission to Photograph

I grant to Animal Allergy & Dermatology Center of Indiana, LLC, the exclusive right to take photographs of my pets. I authorize Animal Allergy & Dermatology Center of Indiana, LLC, its assignees and transferees, to copyright, use and publish the same in print and/or electronically.

I agree that Animal Allergy & Dermatology Center of Indiana, LLC may use such photographs of my pet with or without my name for any lawful purpose, including such purposes as teaching, publications, illustration, advertising, and internet content.

Examples of such uses: AADCI Facebook posts, website photo gallery, in lectures given to other veterinarians, students, and interns

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.

<b>SYMPTOM</b>	<b>Never Occurs OR None</b>	<b>Occurs Rarely OR Slight</b>	<b>Occurs Occasionally OR Moderate</b>	<b>Occurs Often OR Severe</b>
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).

<b>BODY AREA</b>	<b>Not Itchy</b>	<b>Mildly Itchy</b>	<b>Moderately Itchy</b>	<b>Severely Itchy</b>
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).

<b>TREATMENT OR MEDICATION</b>	<b>Was it ever given?</b>			<b>If GIVEN, how much did it help?</b>		
	<b>YES</b>	<b>NO</b>	<b>NOT SURE</b>	<b>Did NOT Help</b>	<b>Helped Some</b>	<b>Helped A Lot</b>
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)						