Dermatology Consult

Abegweit Animal Hospital

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To help us better serve you more efficiently, please fill out the following questionnaire and return it to us prior to your appointment. Dr. MacDonald would like to have your information to review before your arrival.

\*\*Important Items to Note\*\*

* If you are unsure of your answer or do not understand the question, leave the answer blank. DO NOT guess
* The terms ITCHY refers to itching, scratching, licking, chewing, biting and rubbing
* Ears and paws are common areas for allergies, please consider these areas when questions are asked about ‘skin’

**General Information**

1. Name:
2. Mailing Address:
3. Phone Numbers:
   1. Cell:
   2. Work:
   3. Home:
4. Pets Name:
5. Pets Breed:
6. Birthday (or approximate age):
7. Sex:Male Female Spayed/Neutered:YesNo
8. Age or Date when you acquired your pet:
9. Where did you acquire your pet (breeder, Humane Society, etc.):
10. Has your pet moved residence?Yes No

If yes, when:

If yes, was it: Local Another Province International

From: To:

1. Please list all species that live on the property:
   1. Does any animal or human have a history of skin problems: Yes No
2. Has your pet been previously tested for allergies:Yes No

If yes, please forward a copy of the results

1. Has your pet been seen by another Veterinarian: Yes No

If yes, please have the medical record forwarded to us

1. Do you have your pet groomed: Yes No

If yes, how frequently and what products are used:

1. Do you travel off island with your pet:Yes No

If yes, where:

1. Does your pet go to day care: Yes No
2. Do you board your pet: Yes No

**General Information**

Provide a brief description of symptoms:

1. Approximate date when the problem(s) first started:
2. If the problem has been continuous for over one year, did it start of as seasonal:

Yes No Unsure

1. How itchy is your pet on a scale of 1-10 (10 being the worst possible):
2. Are the symptoms getting worse: Yes No

If yes, when did they start to get worse:

1. Is there a time when your pet symptoms subside: Yes No

If yes, when:

1. Does your pet ‘ITCH’: Yes No

If yes, check all that apply:

Muzzle Eyes Ears Neck Back

Tail Rump Armpits Front legs Back legs

Thighs Chest Abdomen Front Paws Back Paws

Groin Scoots bum

1. Was itching the first symptom that you noticed: Yes No
2. What did the problem look like initially:

Normal skin, just itchy Pimples Hair loss

Rash Redness

1. Has the problem spread: Yes No
2. Have the ears been involved (itchy, infected, waxy): Yes No
3. Does your pet experience (check all that apply):

Cracking Nails Foot problems Flaky, dry skin Hair loss

Sloughing Nails Interdigital cysts Oily, greasy skin Red skin

Rash(es) Head Shaking Smelly skin Thick skin

Red bumps Ear scratching Lumps/bumps Red skin welts

Pimples Smelly ears

Scabs

‘Hot Spots’

Diarrhea Vomiting Weight gain Coughing

Constipation Poor appetite Weight loss Sneezing

Gas Increased appetite Seizures Runny eyes

Increased thirst Increased Urination Lameness Runny nose

Other:

1. Has your pet received treatment for stomach or intestinal problems/upset:Yes No
2. Has your pet ever been diagnosed with any other illnesses:

**Inside Environment**

1. Percent of time spent: Indoors %

Outdoors: %

1. Type of flooring in your house:

Carpets/Rugs: % Any of them wool?Yes No

Tile/Wood: %

1. Is the home smoke free: Yes No
2. How is the home heated:

Forced-air Radiant Heat Pump

1. When/where are the symptoms at their worst:

Indoor Morning

Outdoor Night

No difference No difference

Describe:

1. Which room does your pet sleep in at night:

Bedroom Bathroom Family Room

Basement Laundry Room Kitchen

Garage Other:

1. Where does your pet sleep at night:

On bed Tile/wood floor

Under bed Carpet

Beside bed on floor Pet bed

Couch/chair Wool blanket

Upholstered

Vinyl/leather

1. Which room does your pet spend most of its time in during the day:

Bedroom Bathroom Family Room

Kitchen Basement Garage

Laundry Room Outside Other:

1. Where does your pet spend most of its time during the day:

On bed Tile/wood floor

Under bed Carpet

Beside bed on floor Pet bed

Couch/chair Wool blanket

Upholstered

Vinyl/leather

**Outside Environment**

1. Does your pet spend time around (check all the apply):

Wooded areas Dog house Barns/manure

Decaying vegetation (mulches, leave, woodpiles, compost)

Vegetable garden

Areas of water (ditches, ponds, lakes, ocean, river)

1. What types of trees are in your yard/neighborhood:
2. While in your yard, does your pet spend time on:

Grass Deck Cement/tiles

**Drug History- please check all the apply**

**\*\*Please bring along all medications that you are currently using or have used in the past\*\***

**Antihistamine (ie. Benadryl)**: When:

Did it help: Yes No When was it stopped:

**Cortisone (ie. Prednisone, Vanectyl):** When:

Did it help: Yes No When was it stopped:

**Cortisone Injections**: When:

Did it help: Yes No When was it stopped:

**Atopica:** When:

Did it help: Yes No When was it stopped:

**Apoquel:** When:

Did it help: Yes No When was it stopped:

**Cytopoint Injections:** When:

Did it help: Yes No When was it stopped:

**Serum Allergy Injections:** When:

Did it help: Yes No When was it stopped:

**Antibiotics:** What kind: When:

Did it help: Yes No When was it stopped:

**Shampoo:** What kind: When:

Did it help: Yes No When was it stopped:

**Flea control:** What kind: When:

Did it help: Yes No When was it stopped:

**Ear meds:** What kind: When:

Did it help: Yes No When was it stopped:

**Eye meds:** What kind: When:

Did it help: Yes No When was it stopped:

**Topical meds**: What kind: When:

Did it help: Yes No When was it stopped:

Were there any adverse reactions to any of the above: Yes No

If yes, please explain:

**Food History**

1. List PET FOODS from the most current to the oldest:
   1. Brand:

How long was it fed for:

List first 5 ingredients:

Brand:

How long was it fed for:

List first 5 ingredients:

* 1. Brand:

How long was it fed for:

List first 5 ingredients:

* 1. Brand:

How long was it fed for:

List first 5 ingredients:

* 1. Brand:

How long was it fed for:

List first 5 ingredients:

If there are more than 5 diets, please list them on a separate sheet and bring to your appointment

1. List TREATS from most current to oldest (cookies, biscuits, chews, etc.)
   1. Brand:

How often is it given:

List first 5 ingredients:

* 1. Brand:

How often is it given:

List first 5 ingredients:

* 1. Brand:

How often is it given:

List first 5 ingredients:

* 1. Brand:

How often is it given:

List first 5 ingredients:

* 1. Brand:

How often is it given:

List first 5 ingredients:

If there are more than 5 treats, please list them on a separate sheet and bring to your appointment

1. List HUMAN FOOD that is given:
   1. Food: How often is it given:
   2. Food: How often is it given:
   3. Food: How often is it given:
   4. Food: How often is it given:
   5. Food: How often is it given:
   6. Food: How often is it given:
2. When you change diets/treats, do you notice your pet getting better: Yes No

Explain:

1. Do you feed any supplements: Yes No

Is yes, what:

Please do not hesitate to call us if your have any troubles with this form and we look forward to helping you and your pet at your appointment