We appreciate your cooperation in providing us with the following information.

1. Describe your pet’s skin or ear problem(s) as it first appeared and as it presents today.

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

2. When did the problem first appear?____________________________

3. Which areas seem to be the most severe?____________________________

4. Was the onset gradual ( ) or sudden ( )?

5. Does your pet chew ( ), bite ( ), scratch ( ), rub ( ), or lick ( ) his/herself excessively?

6. Has your pet always lived in this part of the country? Yes ( ) No ( )

7. Does your pet spend most of his/her day indoors ( ) or outdoors ( )?

8. Describe the indoor environment of your pet (bedding, where pet sleeps, etc.)

_______________________________________________________________________

9. Describe the outdoor environment (grasses, weeds, wooded areas, etc.)

_______________________________________________________________________
10. Is the skin problem intermittent ( ) or continual ( )?

11. Is there a relationship between the severity of your pet’s skin condition and the season of the year?
   Yes ( ) No ( )

12. If you answered YES to #11, please describe. __________________________________________________________
    __________________________________________________________

13. What treatment has your pet received for his/her skin or ear problem(s)? If possible, provide drug names, dosages, and duration of treatment. __________________________________________________________
    __________________________________________________________

14. Was there any improvement? __________________________________________________________

15. What medication is your pet presently receiving and when was it last given?
    __________________________________________________________

16. Have you been using any home remedies for your pet’s skin or ear problems?
    __________________________________________________________
    __________________________________________________________

17. Is your pet on flea preventative? Yes ( ) No ( ) Please provide name.
    __________________________________________________________

18. Have you noticed fleas on your pet? Yes ( ) No ( )

19. Do you have any other pets at home? Have they shown similar skin or ear problems?
    __________________________________________________________

20. Do any pets in the neighborhood have similar skin or ear problems? Yes ( ) No ( )

21. Are you aware of any relatives of your pet having similar problems? Yes ( ) No ( )

22. Which brand diet is your pet currently receiving? For how long?
    __________________________________________________________