

DERMATOLOGY AND ALLERGY SERVICES FOR ANIMALS

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Phone: 703-440-9206 Fax: 703-451-3343

Date: _____

Pet's Name: _____

Owner's Name: _____

Species: Dog / Cat / Other Color: _____

Address: _____

Breed: _____

Age: _____ Sex: F / M Altered: Y / N

Primary Phone: _____ (H) (C) (W)

Referring Hospital: _____

Secondary Phone: _____ (H) (C) (W)

Referring Veterinarian: _____

Email: _____

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?
