



NEW PATIENT HISTORY - OWNER QUESTIONNAIRE

A complete history is very important in diagnosing and managing allergies, ear and skin diseases. Please fill out this form as completely as possible. If you are unsure of how to respond to a question, please ask during the office visit. Remember to bring the completed form with you to your appointment. If you are unable to keep this appointment, please call (604) 473-4882 to cancel. Thank you for choosing CWVS for your pet.

**PATIENTS REFERRED FOR INTRADERMAL ALLERGY TESTING ONLY:
REMEMBER TO RESPECT THE MINIMUM DRUG WITHDRAWAL TIMES AND
BRING YOUR PET FASTED.**

MISCELLANEOUS INFORMATION

Client name _____ Pet's name _____
Veterinarian _____ Practice name _____
Date and time of appointment (if known): _____

Are you the pet's owner? Yes No

Patient sex Male Neutered male Female Spayed Female

If applicable, when was the last heat cycle/pregnancy _____

How old was the pet when obtained? _____ Years Months

Where was the pet obtained (Pet store, breeder, pound)? _____

Has the pet travelled outside of the province of British Columbia? Yes No

If yes, when? _____ Where? _____

PATIENT HISTORY

1. Is ANY of the following the primary reason for today's visit? Itching or scratching or chewing or biting of any part of the body, face rubbing, paw licking*, recurrent or chronic ear infections.

Yes NO, proceed directly to QUESTION 5.

2. Which of the following statements best describes the seasonality of itching or ear problems in your pet over the last 12 months? One response only.

NS The pet itches the same all year round (absolutely no increase in itch in winter compared with warm weather months). This was true from the onset.

NSIS The pet used to have a warm weather seasonal itch that has evolved into a year-round itch gradually over time.

NSW The pet itches all year round but itching increases noticeably in the winter (especially when the forced-air heating is turned on).

NSWW The pet itches all year round but itching increases noticeably in the warm weather months when the pollens are out.

SWW The pet does not itch at all in the winter but itching occurs in the warm weather months when the pollens are out.

*Dog owners, please read carefully: Dogs do not have grooming behaviours as cats do. Any amount of foot licking may be indicative of an underlying allergy.



3. If there was an increase in itching or ear problems in the warm weather months over the last 12 months, when did it occur? More than one response is acceptable.

SP Mainly in April and May (spring)

SU Mainly in June and July (summer)

FA Mainly in August until the first frost (fall)

4. Which of the following statements best describes the severity of itching in your pet at the present time? One response only.

GRADE 1 Occasional episodes of itching but generally comfortable (small increase in itch compared with before the disease began)

GRADE 2 More frequent episodes of itching, but the itching stops when the pet is sleeping, eating, playing or exercising, or is otherwise distracted

GRADE 3 Regular episodes of itching are seen when the pet is awake. The pet occasionally wakes up because of itching, but the itching stops when the pet is eating, playing, exercising, or is otherwise distracted

GRADE 4 Prolonged episodes of itching are seen when the pet is awake. The pet regularly wakes up because of itching, or itches in its sleep. The itching can also be seen when the pet is eating, playing, or exercising, or is otherwise distracted

GRADE 5 Almost continuous itching, which does not stop when the pet is distracted, the pet needs to be physically restrained from itching and is in a lot of discomfort

5. Please check any of the following clinical signs that pertain to your pet

Hair Loss (Alopecia) Flaky skin (Dandruff) Red skin welts (Urticaria/wheals)

Curving/cracking/breaking nails Loss of nails Thick skin (Elephant Skin)

Red skin (Erythema) Red bumps (Papules) and/or pimples (Pustules) on any part of the body

Feet problems Malodorous ears Lumps/masses

6. How long has the problem been present? _____ Years Months

7. Where on the pet's body (Face, ears, back, belly, groin, armpits, feet) did the problem first begin?

8. What did the problem look like at the start?

9. Where on the pet's body has the problem(s) spread and how has it changed in appearance?

10. Is the problem worse when your pet is indoors, outdoors, or is the problem not affected by this factor?

11. Is the problem worse when your pet is in contact with vegetation (Grass, mowed grass, tree, weeds, plants)? Yes No

12. Describe the pet's indoor environment

Carpets/rugs Forced-air heating Older dwelling Mold in the basement

Tobacco smoke Other: _____



13. Describe your pet's bedding

Pet's bed Owner's bed Wool Outdoors

14. Describe your pet's outdoor environment

City, suburb Rural, farm Fenced-in yard Frequents parks and fields

15. Does your pet swim? Yes No

If yes, where (Ocean, river, lake)? _____ How often? _____

16. What other pets are in the household? _____

17. Is there exposure to other animals (Horses, farm animal, wildlife)? Yes No

If yes, what kind? _____

18. Do other pets or people in the household have skin lesions/itching? Yes No

If yes, who? _____ Do they have any similar skin problems? Yes No

19. Does the pet ever had fleas or ticks in the past? Yes No

NON-DERMATOLOGICAL SIGNS

20. Has your pet experienced any of the following?

Vomiting Diarrhea Change in stool consistency Flatulence Scooting
 Coughing Sneezing Conjunctivitis (Red, runny eyes) Seizures Lameness
 Tiredness / lethargic behavior Weight gain Increased appetite Weight loss
 Decreased appetite / anorexia Increased urination Increased thirst

21. How many bowel movements does your pet have per day? _____

22. Has your pet had any other major illnesses in association with the skin problem? Yes No

If yes, describe: _____

DIET HISTORY

23. Describe the pet's current diet (Brand, dry, canned): _____

24. Describe the pet's treats and dietary supplements (Biscuits, rawhide, pig ears, hooves, bones, table food): _____

25. Has a special diet been tried (Commercial pet foods and/or home-cooked foods for the food allergic pet)? Yes No

If yes, which diets? _____

26. Does/did a special diet seem helpful? Yes No

If yes, explain:



MEDICATIONS AND PREEEXISTING CONDITIONS

27. When was your pet bathed for the last time? _____

28. What is the frequency of bathing? _____

29. Where is your pet usually bathed (Groomer, home, self-dog wash)? _____

30. What shampoos and other topical products are used?

31. What is the effect of bathing on pet's skin problem?

Helpful No change Worse

32. List any medications your pet is currently taking. Include all treatments that are over-the-counter:

33. Does your pet have any known adverse/allergic reactions to medications (antibiotics, anesthesia, vaccinations, shampoos) or foods? Yes No

If yes, describe: _____

34. Does your pet have any other medical conditions or are there any other concerns that the Dermatology-Allergology service should be aware of with your pet? Yes No

If yes, describe: _____

35. Please provide below any other information that you feel may be helpful.

