VCA Advanced Veterinary Care Center
15926 Hawthorne Blvd., Lawndale, CA 90260
Phone: 310-542-8018 • Fax: 310-542-8098
vcaadvancedveterinarycarecenter.com

DERMATOLOGY PATIENT QUESTIONNAIRE

Thank you for scheduling an appointment with our service, we look forward to seeing you and your pet in the near future! Please fill out this questionnaire form completely and forward to the dermatology department PRIOR to your scheduled appointment. Please email this form back to AVCCDermDept@vca.com prior to your appointment

General Information

Your name:____
Pet's name:____
Age when pet was acquired:______________
Pet's current age:_______________

Primary Complaint

1. What is the **primary reason for bringing your pet in** today?

 ____
 ____

2. **How long** has your pet had this problem?

 ____
 ____

3. What was the **very first sign** you noticed when the problem started?

 □ Itchiness (includes chewing, licking, scratching, and rubbing behaviors)
 □ Skin Redness
 □ Skin Rash
 □ Pimples/bumps
 □ Other (please describe):____
 ____

4. **Where** on your pet's body did the problem begin (check all that apply)?

 □ Nose
 □ Eyes
 □ Ears
 □ Neck
 □ Chest
 □ Back
 □ Abdomen
 □ Rump
 □ Groin
 □ Legs
 □ Paws
 □ Tail
 □ Somewhere else:____

5. Has this issue **SPREAD** to other parts of your pet's body?

 □ NO □ YES
 If YES, to what body areas?____
 ____

6. Does your pet **scratch, lick, chew, or rub** any of the following locations? Check all that apply.

 □ Nose
 □ Eyes
 □ Ears
 □ Neck
 □ Chest
 □ Back
 □ Abdomen
 □ Rump
 □ Groin
 □ Legs
 □ Paws
 □ Tail
 □ Somewhere else:____

7. Is this problem **WORSE** at any of the following times? Check all that apply.

□ In the spring
□ In the summer
□ In the fall
□ In the winter
□ At night
□ In the morning
□ After taking medication
□ After eating
□ After extended time inside
□ After extended time outside
□ After this situation/event:____

____

____

8. Is this problem **BETTER** at any of the following times? Check all that apply.

□ In the spring
□ In the summer
□ In the fall
□ In the winter
□ At night
□ In the morning
□ After taking medication
□ After eating
□ After extended time inside
□ After extended time outside
□ After this situation/event:

____

____

____

9. Does your pet also display any of these **other symptoms**? Check all that apply.

□ Sneezing
□ Runny eyes
□ Runny nose
□ Vomiting
□ Excessive urination
□ Diarrhea/Soft stool
□ Frequent defecation
□ Head shaking
□ Excessive drinking
□ None of the above

10. Has your pet **received medications/other treatments for this issue**? If yes, please provide the name of the medication/treatment and describe if it was helpful or not.

□ NO □ YES (specify):____

____

____

____

____

____

11. Do you use routine (meaning year-round) **flea prevention** for your pet(s)? If YES, **please provide the product name.**

□ NO □ YES

If YES, what prevention/how often is it given?

____

____

Lifestyle/Environment

12. Where does your **pet spend most of his/her time**:

______% indoors __________% outdoors

13. Has your pet **spent time outside of his/her normal environment**? (this includes vacations, travel to other countries, day-care/boarding, dog park/play date, visiting family members)

□ NO □ YES

If YES, provide details

____

____

14. Are there **other pets** in the environment?
    ◻ NO ◻ YES
    If YES, provide species/breed info____
    ____

15. Do any other pets in the environment **have skin problems**?
    ◻ NO ◻ YES
    If YES, provide details
    ____
    ____

16. Do any other people that come in contact with your pet **have skin problems**?
    ◻ NO ◻ YES
    If YES, provide details
    ____
    ____

17. What is your pet's **current diet (including treats/human food)?**
    ____
    ____
    ____

18. Do you give your pet any **additional flavored supplements or vitamins**?
    ◻ NO ◻ YES
    If YES, provide details
    ____
    ____

19. Does your pet have any previous or current **non-skin related medical conditions**?
    ◻ NO ◻ YES
    If YES, please list below
    ____
    ____

20. Please provide any additional comments below:
    ____
    ____
    ____
    ____
    ____
    ____