

VCA Animal Care Center of Sonoma County First Examination Questionnaire for Dermatology Consultation

1.	Pet's name:									
2.	Date of Birth:									
3.	When did you adopt/purchase your pet?									
4.	Please mark any animals other than your pet living in household: a. Dogs: b. Cats: c. Other:									
5.	Has your pet ever lived outside the geographic area? a. If yes where?									
6.	For cat owners: Is your cat indoor only? Indoor/outdoor?									
7.	Do any other pets in the household have skin problems?									
8.	Are there any people in the household that are itchy or have skin lesions?									
9.	At what age did the problem start?									
10.	Where on the body did this start?									
11.	1. Where on the body did it progress?									
12.	Is your pet itchy (do you see him/her lick, bite, chew or scratch)? a. If yes, where on the body does this occur?									
	Paws Ears Legs Under arms									
	Face Rump Tail Belly									

13. Is your pe	et itchy ye	ar round?	Yes	No .					
	If yes,	was your pe	et always	itchy y	year roi	und?			
	a.	If no, when	ı is your j	pet itch	ny?				
	Wi	nter	Spring _	Sı	ummer	F	all		
14. On a scale (1 = no		ow itchy is y 0 = licking,	-		scratcl	ning all	the time	e)?	
Circle one:	1	2 3	4	5	6	7	8	9	10
16. Does your	pet take		artworm	preven	ntion?				
17. Please list	the medic	cations your	r pet is cı	urrently	y receiv	ing or l	has recei	ved in	the past:
Me	dication	Do	ose/stre	ngth	D	ates re	eceived		Did this help?

Thank you for completing the first examination questionnaire for your pets upcoming dermatology consultation. Please return this completed form to VCA Animal Care Center of Sonoma County.