

DERMATOLOGY AND ALLERGY SERVICES FOR ANIMALS

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Springfield, VA 22150

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

Date: _____

Pet's Name: _____

Owner's Name: _____

Species: Dog / Cat / Other Color: _____

Address: _____

Breed: _____

Age: _____ Sex: Female Male

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

Is your pet spayed/neutered? Yes No

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

Primary Care Hospital: _____

Email: _____

Primary Care Vet: _____

Are you active or retired military (must show ID)? Yes No

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

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

2. When did the problem first appear? _____

3. Which areas seem to be the most severely affected? _____

4. Was the onset gradual or sudden ?

5. Is the skin problem intermittent or continual ?

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

7. Has your pet always lived in this part of the country? Yes No

8. Does your pet spend most of his/her day indoors or outdoors ?

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

10. Describe the outdoor environment (grasses, weeds, wooded areas, bodies of water, etc.)

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

16. What medications and/or supplements is your pet currently receiving and when were they last given?

17. Is your pet on flea preventative? Yes / No Is your pet on heartworm preventative? Yes / No

Please provide brands: _____ .

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

19. Which brand of food is your pet currently receiving and for how long has it been fed?

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

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

22. Are you aware of any relatives of your pet having similar problems? Yes No

23. Does your pet have any major medical history or problems that we should be aware of?

