

Pitts Veterinary Hospital, P.C.

2225 Hwy 2 Lincoln, NE 68502 Phone 402-423-4120 Fax 402-423-5950 *pittsveterinaryhospital.com*

DERMATOLOGY QUESTIONNAIRE

Owners Name _____ Pet's Name _____ Species _____
Breed _____ Age _____ Color _____ F__ SF__ M__ NM__

1. Please describe the problem/condition that you are bringing your pet in for today. Please use the diagram on the next page to demonstrate the locations of any lesions or itching. _____

2. On a scale of 0 (No itch) to 10 (Continuous itching) please rate your pets level of discomfort. _____
3. Is this a new problem or an ongoing problem? _____
4. What is the duration of the current issue? _____
5. If this is a reoccurring problem, when was the last occurrence? _____
6. Is the problem seasonal? Yes__ No__
7. If so, which seasons? Please check all that apply: Winter____ Spring____ Summer____ Fall____
8. If the problem is year round, is it worse during one part of the year? When? _____
9. What age and season did the problems first occur? _____
10. Please describe any previous diagnostic test or diagnosis made.

11. Please describe any previous treatments or therapies including oral medications, topical spray, lotions, ointments, creams, or bath products. If possible include dose amounts, medication directions and duration of treatment.

12. Did any of these therapies help? If so, which ones and how long did the positive effects last?

13. Please describe your pet's diet. Include all pet foods, human food, treats and supplements.

14. Is your pet on a monthly heartworm/intestinal de-wormer? Yes__ No__ Brand _____
15. Is your pet on any flea and tick preventative? Yes__ No__ Brand _____
Type (Check all that apply) Topical__ Collar__ Bath__ Spray__ How often applied? _____
16. What percentage of the day does your pet spend indoors? _____ Outdoors? _____
17. Do you have any other pets in the house hold? Yes__ No__
18. Species _____ Breed _____ Ages _____
19. Do any other pets have similar problems or lesions? Yes__ No__
20. Do any people in the household have similar signs or lesions? Yes__ No__

Jen Hiebner, DVM, CVA, CVH

Mark Falloon, DVM

Erica Thiel, DVM

Amanda McNamee, DVM

Amanda Forgey, DVM

Matt Merkwon, DVM

rev 8/19

Pitts Veterinary Hospital, P.C.

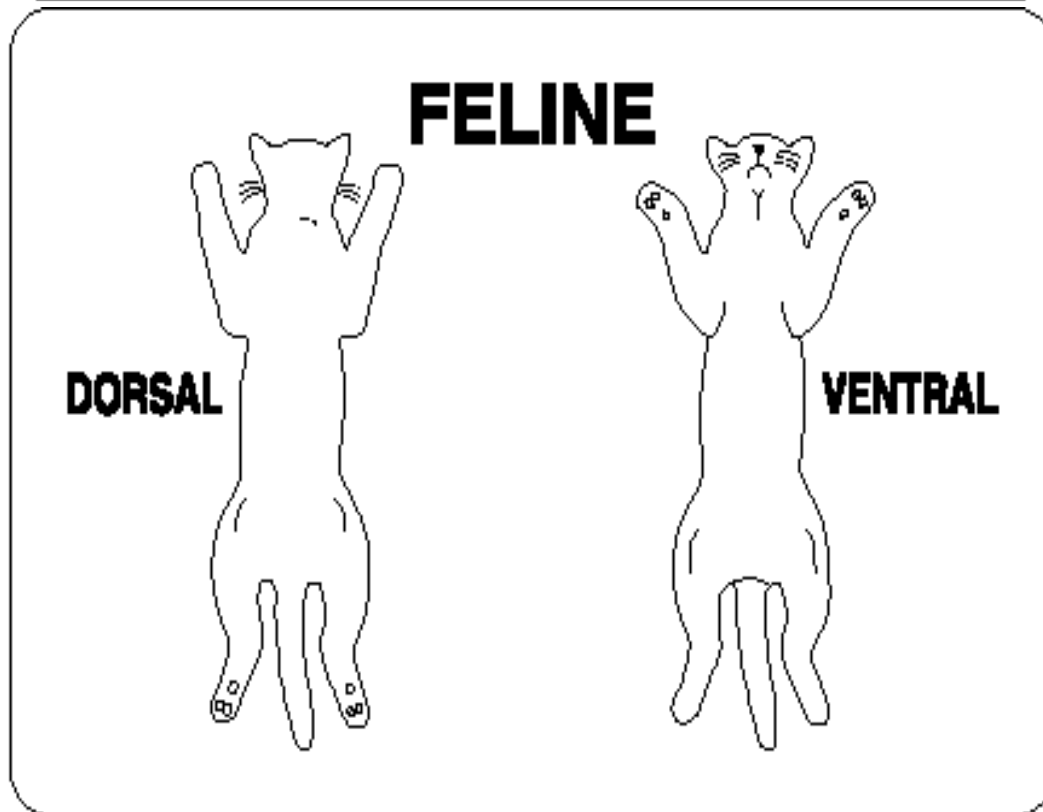
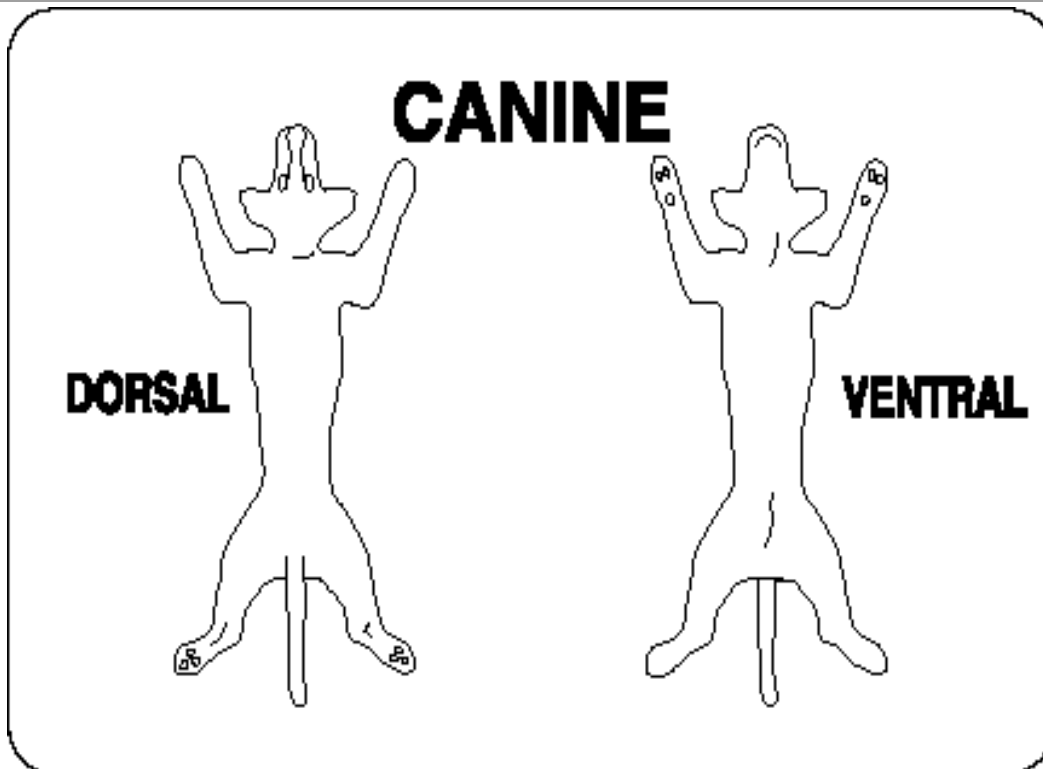
2225 Hwy 2

Lincoln, NE 68502

Phone 402-423-4120

Fax 402-423-5950

pittsveterinaryhospital.com



Jen Hiebner, DVM, CVA, CVH

Mark Falloon, DVM

Erica Thiel, DVM

Amanda McNamee, DVM

Amanda Forgey, DVM

Matt Merkwan, DVM

rev 8/19