



Skin Questionnaire

What body parts are affected? _____

Is your pet itchy? _____ Chewing? _____ Shaking Head? _____

Is there hair loss? _____

How long has this condition been happening? _____

Has this condition gotten worse since you first noticed it? _____

Is your pet's behavior normal? _____

What type of flea control are you using? _____

Last application? _____

What type of shampoo are you using for your pet? _____

How often? _____ Date of last use? _____

Is scratching or itching keeping your pet awake at night? _____

Are there sores or pustules visible? _____

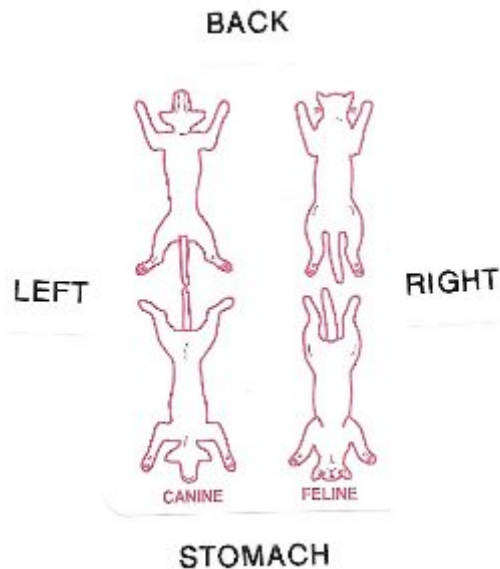
Have you changed diets recently? _____

What is your pet currently eating? (including people food and treats)? _____

Is your pet currently taking any antihistamines or other medications? _____

Has anything else changed in your pet's environment? (sprays, cleaners, detergents)?

Using the diagram below, please mark the effected areas.



PLEASE LEAVE US A NAME AND PHONE NUMBER WHERE YOU CAN BE REACHED WHILE YOUR PET IS STAYING WITH US.

NAME _____

PHONE # _____