VCA Advanced Veterinary Care Center

Specialty & Emergency

15926 Hawthorne Blvd., Lawndale, CA 90260

P 310-542-8018 avccla@vca.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? Check all that apply.
   - ❑ 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? ______________________________
   ____

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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

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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)? ❑ No ❑ Yes
If yes, **please specify amd provide the product name**. ______________________________
____

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 in ______________________________

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 ______________________________

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19. Does your pet have any previous or current **non-skin related medical conditions**?
    ❑ No ❑ Yes
    If yes, provide details ____

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

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