

# PERTINENT HISTORY QUESTIONNAIRE

Dog Owner or Veterinarian to complete



- 1. **Date:** \_\_\_\_\_
- 2. **Dog's name:** \_\_\_\_\_
- 3. **Breed:** \_\_\_\_\_
- 4. **Age:** \_\_\_\_\_

5. **Does your dog show any signs of itch, such as:**

- Scratching
- Licking
- Biting/chewing
- Rolling/rubbing
- Head shaking
- Scooting
- Other: \_\_\_\_\_

Where on your dog's body does it do this behaviour?

\_\_\_\_\_  
\_\_\_\_\_

6. **How long has your dog been itchy?**

\_\_\_\_\_  
\_\_\_\_\_

7. **Does the skin problem happen:**

- Continuously/year-round
- Seasonally (e.g. Spring)
- Intermittently
- Randomly/no discernible pattern
- My dog hasn't experienced a skin problem before
- Don't know

8. **At what age did your dog first start showing signs of a skin problem?**

\_\_\_\_\_  
\_\_\_\_\_

9. **What did you notice first — the itch or skin changes (if any)?**

\_\_\_\_\_  
\_\_\_\_\_

10. **Have any medications been given for the current skin problem and/or previous skin problems?**

- Yes
- No
- Not sure

If yes, please provide details of the medication(s) given:

\_\_\_\_\_  
\_\_\_\_\_

And what was the response to treatment?

- Full resolution
- Partial resolution
- No effect

11. **Is your dog currently receiving any other medications?**

\_\_\_\_\_  
\_\_\_\_\_

12. **Please describe what is most concerning you about your dog's skin problem, so we make sure we can address this during the appointment.**

\_\_\_\_\_  
\_\_\_\_\_

See reverse to record physical exam findings

# PHYSICAL EXAMINATION FINDINGS

Veterinarian to complete

## Itch Score

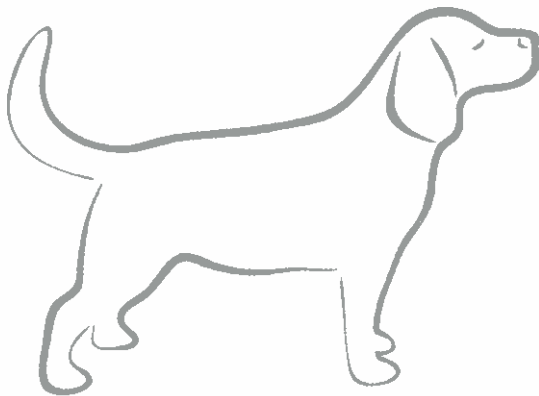
Circle the dog's current level of itch based on the owner's observation over the past 24 hours, where 0 = normal dog and 10 = extremely severe itching:

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

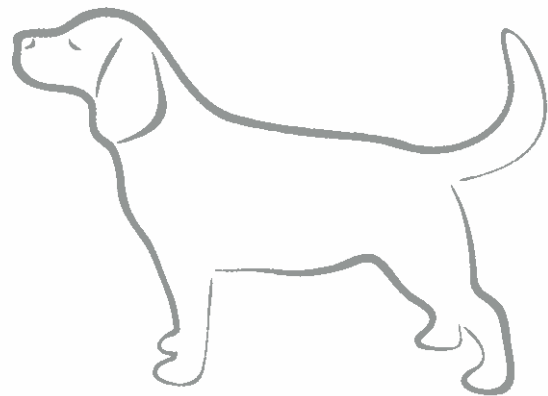
## Lesion Distribution and Type

Record the pattern and type(s) of lesions observed in the physical examination

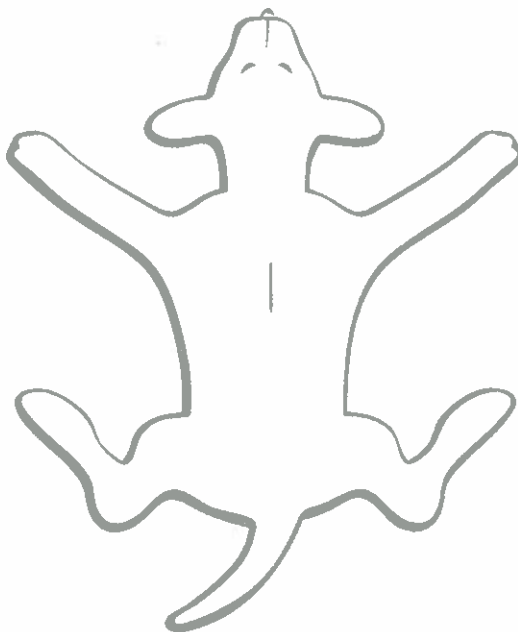
Right Side:



Left Side:



Dorsal:



Ventral:

