

Allergy/Itching Questionnaire

Please check any of the boxes that describe your pet

- | | |
|---|--|
| <input type="checkbox"/> Hair loss | <input type="checkbox"/> Skin Lesions (Sores) |
| <input type="checkbox"/> Foul Odor | <input type="checkbox"/> Licking/Chewing |
| <input type="checkbox"/> Redness/Inflammation | <input type="checkbox"/> Otitis (Ear Infections) |
| <input type="checkbox"/> Changes in Skin (reddish brown stains) | <input type="checkbox"/> Itching/Scratching |

1. What areas of the body are affected? _____
2. How bad is your pet's scratching or itching? (Circle one)
- 1 2 3 4 5 6 7 8 9 10
- (1 = not at all, 10 = all of the time, and is driving me and/or my pet insane)
3. Is the itching or scratching a continual year-round problem, or is it a seasonal problem? (Circle one)
- Year-Round Seasonal
4. How long have the symptoms been occurring? _____
5. How much time does your pet spend indoors _____ outdoors _____.
6. What type of flea-tick preventative do you use for your pet? (Circle all that apply)
- Revolution Frontline Advantix Sentinel Comfortis Other
- How often do you apply it? _____ Are all pets in household treated for fleas? Yes No
7. What is your pet's diet? State the brand and type of food. _____
8. What type of treats do you give your pet? _____
9. Does your pet get any table food? (Circle one) Yes No
10. Please write the name of the shampoo(s) you use. _____
11. How often do you bathe your pet? _____
12. Do any other pets or people have the same symptoms? Yes No
13. Circle your pet's activity level: No Change Somewhat less active Much less active
14. Check previous treatments administered to your pet:
- | | | | | |
|---|---|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Steroid/Prednisone | <input type="checkbox"/> Prescription Shampoo | <input type="checkbox"/> Sprays | <input type="checkbox"/> Ointments | <input type="checkbox"/> Antibiotics |
| <input type="checkbox"/> Antihistamines | <input type="checkbox"/> Immunotherapy | <input type="checkbox"/> Fatty Acids | <input type="checkbox"/> Hypoallergenic Diet | |

NEXT STEPS: COMPREHENSIVE PHYSICAL EXAMINATION AND LABORATORY TESTING:

Ear Swab- to identify underlying infection deep in ear canal.

Skin Scrape/Hair Pluck- To detect scabies or demodex mites.

Skin Cytology/Tape Prep- to detect presence of yeast and/or bacteria.
