

DERMATOLOGY HISTORY QUESTIONNAIRE

DOG OWNER OR VET 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:
6. How long has your dog been itching for?
.....
7. Does the skin problem happen:
 Continuously/year-round Seasonally (e.g. Spring)
 Intermittently Randomly/no discernible pattern
 Don't know My dog hasn't experienced a skin problem before
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. Is your dog currently receiving any flea and tick treatment?
 Yes No
If yes, please provide details of the product(s) given?
- How often do you give it? When was it last given?
11. 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
12. Is your dog currently receiving any other medications? (e.g., heart medications, etc.)? If yes, please list them.
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13. Please describe what is most concerning you about your dog's skin problem, so we make sure we can address during the appointment.
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PHYSICAL EXAMINATION FINDINGS

VET TO COMPLETE

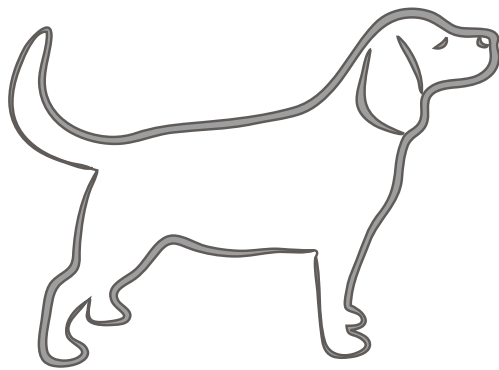
ITCH SCORE

Select 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:

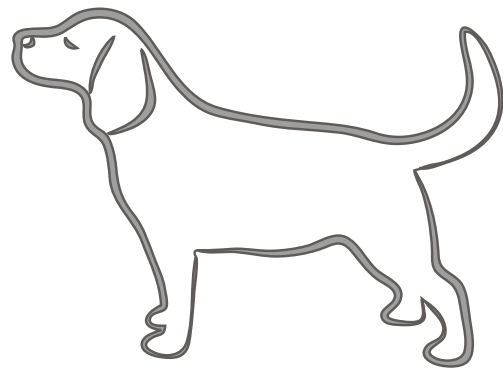
1	2	3	4	5	6	7	8	9	10
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LESION DISTRIBUTION AND TYPE

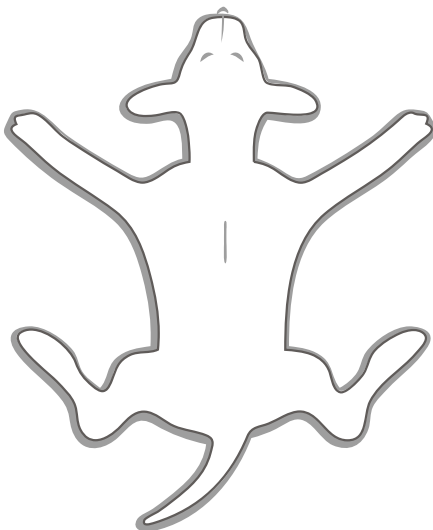
Record the pattern and type(s) of lesions observed in the physical examination



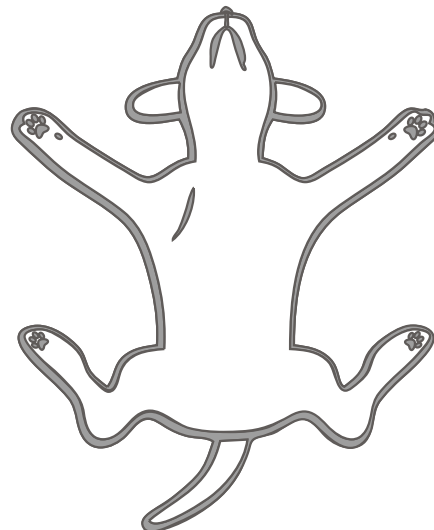
Right Side



Left Side



Dorsal



Ventral

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