

**REFERRAL SKIN QUESTIONNAIRE FOR CLIENT**

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*Please fill this in in as much detail as possible and bring with you to your pet's appointment.*

**Client/Pet's name:** \_\_\_\_\_

**Cat/Dog/Breed:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex/neutered?** \_\_\_\_\_

**Chief Complaint:** \_\_\_\_\_

**How long has your pet had this problem?** \_\_\_\_\_

**Is there any time of the year when the problem is less severe?** \_\_\_\_\_

**When was your pet last wormed & vaccinated?** \_\_\_\_\_

**What was the problem like initially and where did it start? (Underline all that apply):** Normal skin, just itchy/ Rash/  
Redness/ Hair loss/ Pimples

Nose/ Ears/ Around eyes/Muzzle/Neck/Front legs/Paws/Chest/ Back/Rump/Tummy/ Back legs/Paws/ Groin/Tail

**Was the problem sudden or gradual in onset?** \_\_\_\_\_

**Is the problem better, worse or the same as it was initially?** \_\_\_\_\_

**Does your pet scratch, chew, lick or rub any of the following areas? (Underline all that apply):** Nose/ Ears/ Around  
eyes/Muzzle/Neck/Front Legs/Paws/Chest/ Back/Rump/Tummy/ Back legs/Paws/ Groin/Tail

**Has the coat colour or texture changed? If so, how?** \_\_\_\_\_

**What other pets share your home?** \_\_\_\_\_

**Do any other household pets or people in the house or littermates have skin problems? Please describe:**  
\_\_\_\_\_

**Amount of time your pet spends:** \_\_\_\_\_% indoors \_\_\_\_\_%outdoors

**Are symptoms any worse at any particular time of day/night?** \_\_\_\_\_

**Where in the house does your pet sleep and what on?** \_\_\_\_\_

**What is your routine pet & environmental flea treatment and how often do you use it?** \_\_\_\_\_

**Please list any medicine your pet has had for this skin problem and state how your pet responded.** \_\_\_\_\_  
\_\_\_\_\_

**Have any diagnostic tests been done? If so, what were the results?** \_\_\_\_\_  
\_\_\_\_\_

**What is your pet's normal diet including treats/supplements?** \_\_\_\_\_

**What food bowl type does your pet use?** \_\_\_\_\_

Does your pet suffer from any of the following? (Underline all that apply): Coughing/ Sneezing/ Runny eyes / Vomiting/ Diarrhoea/ Excessive thirst or appetite?

Has your pet ever had an ear infection? How many? \_\_\_\_\_

Has your pet's appetite or thirst changed recently? \_\_\_\_\_

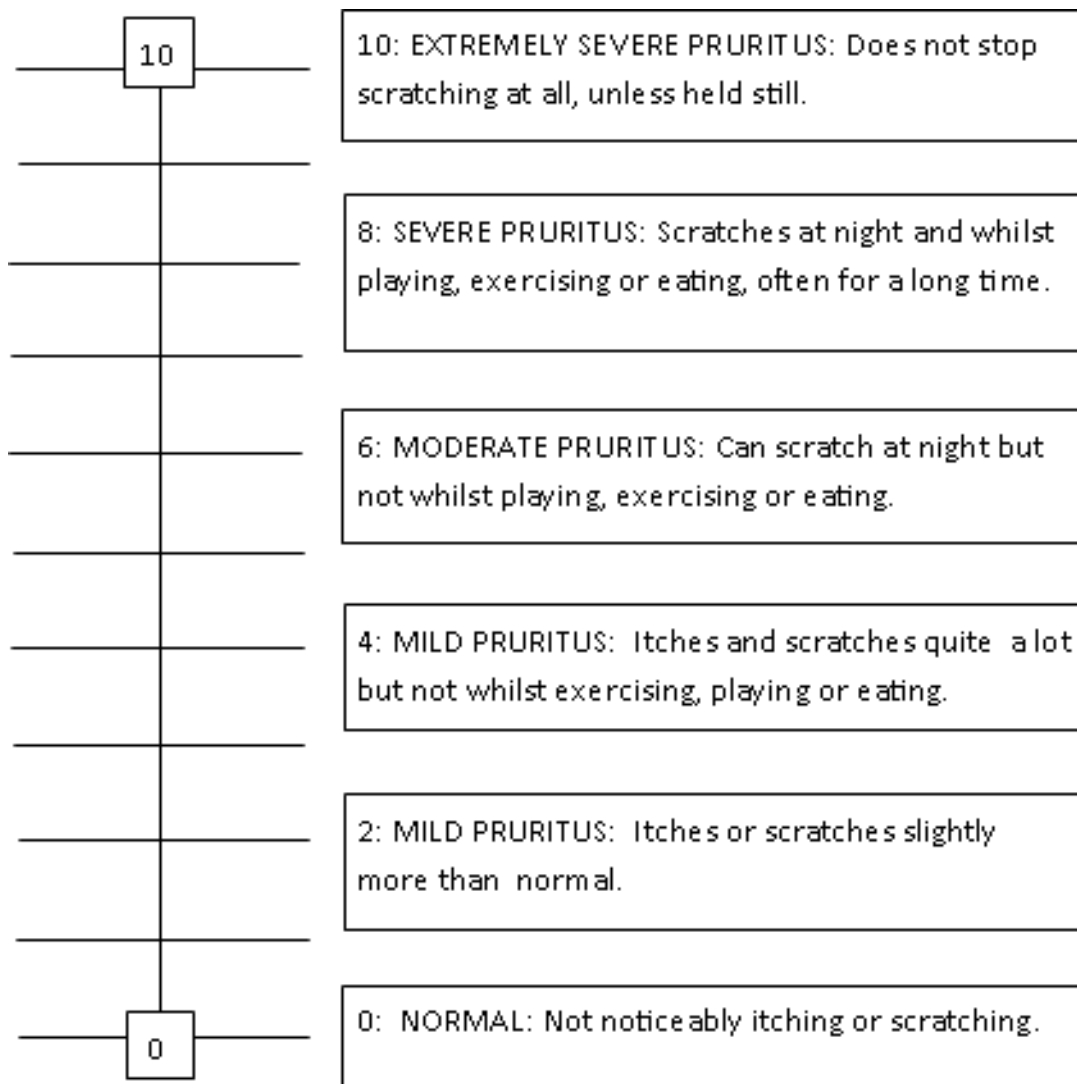
How many times a day does your pet pass stools? \_\_\_\_\_

Does your pet have any of the following? Loose stools/ Wind/ Vomiting Episodes \_\_\_\_\_

Are there any other health problems/medications? \_\_\_\_\_

Has your pet ever been abroad? \_\_\_\_\_

If your pet is itchy, please try to assign an itch score based on the following chart:



I will often take photographs of the skin cases that I treat. I may wish to use these photographs in training presentations or client information. Any photographs will not be attributed to any case names. If you are content for me to use photos of your pet's skin case please can you tick to agree. I agree