

## **Client Questionnaire**

Office Use	What symptoms has your pet experienced? (circle all that apply)			
	Scratching/itchin	σ	Hair loss	
	Licking	6	Hives	
	Chewing/biting		Pimples/bumps	
	Rubbing face		Skin/hair discoloration	
	Shaking head		Foul odor	
	Dry skin/coat		Ear infections	
	Scaly/Crusty skir	1	Parasites (fleas, mites, lice)	
	Greasy skin/coat	•	Sores (oozing, bleeding)	
symptoms first occur?Years Do symptoms occur the same time every Did you recently move or did your pet ch Does your pet go to daycare, the groomet List all other pets in the household: Are any of those pets showing the same s Are people in the household showing syr  MEDICATIONS: Please list ALL medications below your Medications would include both oral and cyclosporine (Atopica), Apoquel, shampe	year? Yes No nange environments? Year, dog parks, or a kennel signs? Yes No nptoms similar to your p	s No for boarding? Yes_ et? Yes No_ g, including flea and	No (circle which one)  I heartworm prevention. nes, fatty acids, steroids,	
NAME (include mg or mL)	DOSE (ex. 1 tablet	once daily)	LAST TIME GIVEN	
Which of these medications has been the	most effective?			
DIETS:				
		•	chicken) and carbohydrates (ex.	
		a sensitivity.	s - Has any diet worsened or	
	Dates Given (ex. June 2012 to May	a sensitivity.  Response/Note	s - Has any diet worsened or	
rice) that your pet has been exposed to ca  Name of Food/Treats (ex. Purina	Dates Given (ex. June 2012 to May	a sensitivity.  Response/Note	s - Has any diet worsened or	
rice) that your pet has been exposed to ca  Name of Food/Treats (ex. Purina	Dates Given (ex. June 2012 to May	a sensitivity.  Response/Note	s - Has any diet worsened or	