1. What is the skin Problem?

[ Itching Loss of hair Rash [ Oily Skin Dry Skin | Dandruff [ Redness Odor Other: --

2. What age did you first notice problem?

3. Are the symptoms worse any time of year?

Spring Summer Fall Winter

4. What did problem look like when it first started?

Itchy Hair Loss Rash Pimples Redness Other ------

5. Where did it first start?

Nose Eyes | Ears Tail Rump Legs { } Paws Chest | Abdomen ) Groin

6. Has it spread?

No Yes If yes where? Explain

7. Does your pet scratch, rub, chew, lick or bite?

No [] Yes If yes where:

Nose [] Muzzle Eyes Ears Neck Back Rump Tail Chest Front Legs Back Legs Paws Abdomen Axilla(arm pit) Groin

8. Was itching the first thing you noticed? () Yes | No

9. Do you have other pets in the house? List

10. EDo any have skin problems? Explain

li. Do any people in your household have a skin problem?

Explain

12. Percent of time your pet is confined: Indoors Outdoors

13. Are symptoms worse: ) Indoors Outdoors Night Morning

(PLEASE TURNOVER)

14. Has your pet been neutered or spayed?

No Yes If so at what age? 15. If not spayed, has she had normal heat cycles? No Yes 16. If not neutered, does he have normal interest in females? No Yes

17. Does your pet have fleas? s [ ] No Yes

18. Do you or did you use any of the following?

Flea spray Flea dips Flea powder Flea collar Baths Product Used:

19. Any other parasite problems? Ticks Mites Flies

20. Do you use insecticides in your home or in your yard?

No Yes If yes, what is the name of the product

21. Has your pet been out of his/her normal area(vacation, visit, boarded, etc.)?

No Yes Where When

22. What medication(s) has your pet been using since the problem started?

Oral Topical Injection

23. Did these medications help or cure the problem?

No Yes Some [ For awhile

24. Does your pet use food supplements or vitamins?

No Yes If yes, what?

25. What type and brand of food do you feed your pet?

[]Canned Dry Table scraps Other.

26. Does your pet do or have any of the following?

Cough Sneezing Runny Nose Runny eyes

Diarrhea Poor Appetite Excessive Appetite Regular exercise

Worms Shakes head Vomiting

27. Has your pet had any other illnesses? Explain

OPTIONAL: MY BUDGET TODAY IS LIMITED TO (CIRCLE NUMBER):

S100 S 50 S200 SOTHER