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CANINE DERMATOLOGY QUESTIONNAIRE

Before your dog's next skin appointment, it would be extremely helpful if you could spend a few minutes answering the questions below:

Owner's name: ..... Date of appointment: .....

Dog's name: ..... Dog's date of birth / age: .....

Breed: ..... Colour: ..... Weight: .....

Sex: Male ☐ Male castrated ☐ Female ☐ Female spayed ☐

Email address for any follow-up information: .....

GENERAL QUESTIONS

1 (a) Are there any other pets in the household? Yes ☐ No ☐

(b) If yes, what type of pets are they? Dog ☐ Cat ☐ Rabbit ☐ Horse / pony ☐ Other: .....

(c) How long have they been present? Whole life ☐ Many years ☐ Less than 1 year ☐

2 How old was your dog when you took ownership of them?
Puppy ☐ 6-12 months ☐ 1-2 years ☐ 2-4 years ☐ Older than 4 years ☐

3 What does your dog do? Pet ☐ Show dog ☐ Working dog ☐

4 Has your dog ever been abroad or did they come from abroad? Yes ☐ No ☐

If yes, when and where: .....

5 Where does your dog spend its time? (please tick all that apply) Inside home ☐ Outdoor kennel ☐ Doggy daycare ☐ Often at kennels ☐

6 Where do they exercise? (please tick all that apply) Park ☐ Forest ☐ Hills ☐ Pavement ☐ Beach ☐ Garden ☐ Fields ☐ Other: .....

7 What is your dog's activity level (exercise tolerance) like at the moment?
The same ☐ Less energy ☐ More energy ☐

8 In which room does your dog usually sleep? Bedroom ☐ Sitting room ☐ Kitchen ☐ Outside ☐ Other: .....

9 What kind of bedding do they sleep on? Human bed ☐ Plastic dog bed ☐ Fabric dog bed ☐ Sofa ☐ Other: .....

10 Do you routinely bathe your dog? Yes ☐ No ☐

11 Do you routinely take your dog to a groomer? Yes ☐ No ☐

12 Does your dog often swim? Yes ☐ No ☐

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13 Does your dog like digging / going down rabbit or fox holes? Yes ☐ No ☐

14 Do they have access to wildlife? Yes ☐ No ☐

15 Are your dog's vaccinations up to date? Yes ☐ No ☐

16 Does your dog have any other health problems (including behaviour) other than those which are skin related?

Yes ☐ No ☐ If yes, please state:.....

.....

17 Is your dog on any medication/s currently for skin or anything else (including shampoos and ointments)?
Please use additional space on page 4 if needed.

Yes ☐ No ☐ If yes, please state:.....

.....

18 Does your dog have any known allergies to medications?

Yes ☐ No ☐ If yes, please state:.....

.....

19 Are there any changes in:

(a) your dog's thirst?	No change ☐	Drinks more ☐	Drinks less ☐	
(b) how often / much they urinate?	No change ☐	More ☐	Less ☐	
(c) your dog's appetite?	No change ☐	Hungrier ☐	Less hungry ☐	
(d) your dog's weight?	No change ☐	Gained weight ☐	Lost weight ☐	

20 How many times daily does your dog produce stools?

1-2 times ☐ 3-4 times ☐
5-6 times ☐ more than 6 times ☐

21 Does your dog have any of the following symptoms?

Diarrhoea ☐ Loose stools ☐
Excess gas ☐ Vomiting ☐
Jelly on / with stool ☐

22 Please list everything that your dog eats (and if wet / dry / pouches / raw etc.)
Please use additional space on page 4 if needed.

Main food: .....

Treats: .....

Chews / bones / dental sticks: .....

Supplements:.....

Other: .....

23 Are you able to:

(a) Bathe and shampoo your dog?	Yes ☐	No ☐
(b) Administer topical ear medications (drops)?	Yes ☐	No ☐
(c) Apply lotions, creams or sprays to your dog's skin?	Yes ☐	No ☐
(d) Apply lotions, creams or sprays to your dog's feet?	Yes ☐	No ☐
(e) Give oral tablets / capsules?	Yes ☐	No ☐
(f) Give your dog oral liquids?	Yes ☐	No ☐

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DERMATOLOGY QUESTIONS – HISTORY

24 What is / are the main skin and/or ear issue/s for your dog?.....

.....

25 How old was your dog when this problem first started?

0-6 months ☐ 7-12 months ☐
1-2 years ☐ 3-4 years ☐
5+ years ☐ Unknown ☐

26 Is the problem constant (all the time) or variable (sometimes better than others)?

Constant ☐ Variable ☐

27 What time of year are symptoms at their worst? (please tick all that apply)

Spring ☐ Summer ☐
Autumn ☐ Winter ☐
Same all year ☐ Varies but no pattern ☐

28 Have there been any other skin issues (including ear problems) in the past?

Yes ☐ No ☐ If yes, please state:.....

.....

29 Do any of your dog's litter mates / parents / other relatives have any skin problems?

Yes ☐ No ☐ Unknown ☐

30 Has anyone in the household spent time in hospital recently (working or as a patient)?

Yes ☐ No ☐

31 Do you treat your dog for fleas and ticks? Yes ☐ No ☐ If yes, please state:

Product used:.....

How often:..... Last used:.....

32 Compared to when it first started is the problem: Better ☐ Worse ☐ Much the same ☐

33 Do any other pets or people in the household have skin problems? Yes ☐ No ☐

34 Has the problem responded (even temporarily) to any treatment so far? Please use additional space on page 4 if needed.

Yes ☐ No ☐ If yes, please state:.....

.....

35 Has your dog changed on to a different diet to try and help with their skin problem?

Yes ☐ No ☐ If yes, please list food, when given and whether the skin improved on it.

.....

DERMATOLOGY QUESTIONS – SYMPTOMS

36 Does your dog have any of the following skin symptoms? (please tick all that apply)

Darker / paler areas of skin	☐	Red / pink skin	☐	Swollen or thickened skin	☐	Bald or thin fur	☐
Itching (lick, chew, rub etc.)	☐	Coat changes	☐	Greasy to touch	☐	Scabs or dandruff	☐
Spots	☐	Runny / red eyes	☐	Sneezing or runny nose	☐	Red, sore or smelly ears	☐

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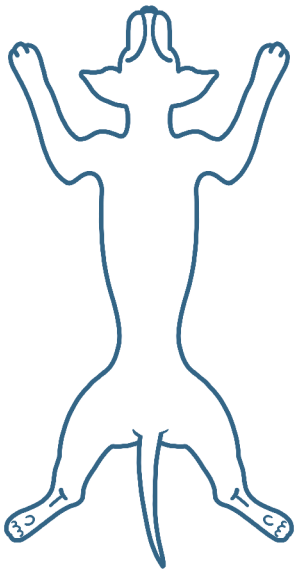
37 Please mark how itchy your dog is on the scale below after first reading all the descriptions from the bottom upwards. Mark on the vertical line the point you feel is representative of their level of itch currently.

EXTREME	Constant itching whatever is happening, needs to be physically restrained to stop
SEVERE	Prolonged episodes of itching. Occurring at night and may also be while eating, playing, exercising or when otherwise distracted
MODERATE	Regular, may itch overnight but still not while eating, playing, exercising or when otherwise distracted
MILD	A bit more frequent itching, but doesn't do when sleeping, eating, playing, exercising or when otherwise distracted
VERY MILD	Occasional itch, more frequent than before skin problem started
NORMAL DOG	Itching is not a problem, normal for dogs

Scale adapted using figure from - Hill, P. B., Lau, P. and Rybnicek, J. (2007), Development of an owner-assessed scale to measure the severity of pruritus in dogs. Veterinary Dermatology, 18: 301-308

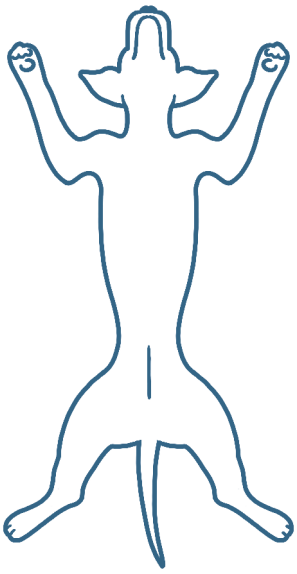
38 Where on the body do you see the problem/s? (please mark or colour areas on the diagram and/or tick all boxes that apply)

Muzzle ☐
Face ☐
Ears ☐
Back ☐
Rear end ☐
Tail ☐



Around eyes ☐
Front paws ☐
Front legs ☐
Sides ☐
Back legs ☐

LOOKING DOWN ON TOP OF DOG



Chin ☐
Neck ☐
Armpits ☐
Groin ☐

LOOKING FROM UNDERNEATH AT BELLY

ADDITIONAL SPACE FOR ANY EXTRA COMMENTS