

16 Dalham Road Kimberley 8301 Tel: 053 832 5711 A/H: 082 899 0009 www.kimvet.co.za

Getting To Know Your Pet Dermatology History Form

Please complete the following form and email it to one of our listed email addresses or hand it to reception when you arrive for your appointment.

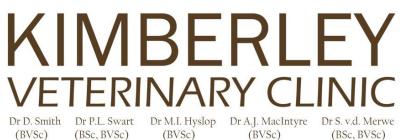
The thing about skin issues in dogs and cats is that there is a plethora of reasons your furry friend's skin may be acting up. These reasons include pollens, environmental allergies, food allergies, genetics and even seemingly innocent treats.

Please fill this questionnaire in as thoroughly and honestly as possible. The only way we can successfully help your itchy pet is if we work together to solve the most pressing problems within his/her immediate environment.

Thank you for trusting us with your furry friend. We look forward to seeing you! Your Pet's Name: **OWNER DETAILS:** Name and Surname: Preferred Contact Number: Email Address: **PET DETAILS:** Age/Date of Birth: Male / Female Sterilised: Y / N Description/Colour: ___ Breed: Reason for Visit: (Description of symptoms) Date that symptoms started: _____ Did these symptoms start suddenly, or was it over a period of time? Since the start of symptoms, how has the problem changed/spread?

Directors: Dr D. Smith, Dr P.L. Swart



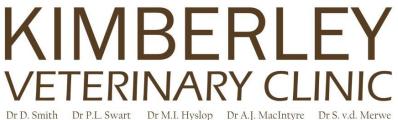


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How have the symptoms progressed? Are they IMPROVING / STAYING THE SAME / GETTING WORSE
Date of last vaccination:
Date of last deworming:
Date of last tick and flea treatment:
When was the last time you saw ticks or fleas on the pets in your household?
What food is your pet being fed (Detailed food menu, snacks included!):
Does your pet have food freely available, or do you feed measured amounts of kibble per day?
Is the problem wors <mark>e during certain times of the year? (If so, please elaborate)</mark>
On a scale of 1 – 10 (1 being only occasional, 10 being constant and severe), how itchy has your pet been during a
typical outbreak over the past year?
Using the same scale, how itchy has your pet been over the past month?
Is your pet on any treatment, food prescriptions included, for their skin issue currently? (If so, please list)
When last has your pet received medication for their skin issue? (If applicable, please list)
How often do you bathe your pet, and with what?





(BVSc)

(BSc, BVSc)

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KIMBERLEY VETERINARY CLINIC

D. Smith Dr P.L. Swart Dr M.I. Hyslo BVSc) (BSc, BVSc) (BVSc)

Hyslop Dr A.J. Mac Sc) (BVSc)

MacIntyre Dr S. v.d. Merwe Sc) (BSc, BVSc) 16 Dalham Road Kimberley 8301 Tel: 053 832 5711 A/H: 082 899 0009 www.kimvet.co.za

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In the following table, please check which clinical signs have been present and how severe they have been over the course of your pet's skin or ear problem (*Check 1 box per clinical sign*):

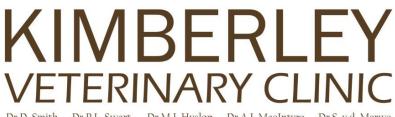
Clinical Sign:	Never/None	Rarely/Slight	Occasionally/Moderate	Often/Severe
Scratching/licking/biting at self				
Hair loss/poor regrowth of hair				
Increased redness of skin				
Small red spots/pimples/bumps/rash				
Dandruff/flakiness/scaliness of skin				
Increased odour of skin or coat				
Crusty/scabby patches on skin				
Open/raw sores				
Areas that ooze blood or pus				
Eyes—redness/irritation/itching/discharge				
Change in colour/texture of hair				
Darkening of areas of the skin				
Loss of pigment of skin (black parts turn pink)				
Ear infections				
Fleas seen on pet				
Diarrhoea/loose faeces				
Vomiting				
Sneezing/wheezing				
Changes in pet's usual personality				
Changes in pet's usual activity level				
Weight loss or weight gain				
Changes in pet's appetite				
Changes in amount of water consumed				
Changes in urinary habits				

How itchy is your pet, and how much scratching do they do, on the following areas of their body? (*Please check 1 box per clinical sign*)

Body Area:	Not Itchy	Mildly Itchy	Moderately Itchy	Severely Itchy
Feet/paws				
Legs/arms				
Abdomen (belly)/genital area				
Armpits/chest/sides of body				
Face/eyes				
Ears/ear flaps				
Along the back or rump				
The tail itself				
Anal area				

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It is very important for us to know what types of medication was given to your pet in the past and whether it made a difference at all. On the list below, please check if these medications have been given and, if so, how much relief they allowed to your pet. (*Check box "Yes" if given and then how much it helped your pet*)

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Treatment/Medication:	Wa	Was it ever given?		If given, how much did it help?		
	Yes	No	Not Sure	Did not help	Helped some	Helped a lot
Cortisone tablets or shots						
Antibiotics alone (No cortisone)						
Antihistamines						
Antifungal medications						
Cyclosporine (Atopica)						
Apoquel						
Allergy shots or drops		No.				

Tell us some Fun Facts about your pet! (Is he a cuddler, a pro hunter, bed hogger, etc. Anything is okay!)
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Thank you for completing the Dermatology Questionnaire. If there is any other information you may
remember before your appointment that you have not included in this form, please write it down and give
it to the veteri <mark>narian while in</mark> the app <mark>ointment.</mark> Please be at the clinic at least 5 minutes before your
appointment. <mark>If you a</mark> re unable to mak <mark>e it for th</mark> e consultation, please let us know at least 1 hour in
advance.
Thank you for your honesty and co-operation! Together we can provide your itchy pet much needed
relief!
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