

Pruritis / Hair Loss

Pet's Name _____ - ____ / ____ / ____

Current Email _____

Cell phone _____

Itching Rating 1 2 3 4 5 6 7 8 9 10
Occasionally Constant Itching

What specific areas on your pet have you noticed hair loss or scratching? _____

Pet's age at onset of itching/dermatitis/hair loss _____

Have you seen any fleas or ticks on your pet? Fleas – Yes No Ticks – Yes No

Does this issue seem to be Year-Round _____ Seasonal (Fall Winter Summer Spring)

Is your pet on any flea or tick preventative? Yes No
If yes, which one? Frontline Certifect Revolution Trifexis Sentinel
Other _____

When did you begin to notice this/these conditions? _____

Have the affected areas been getting Larger Smaller Same

What is your pet's diet? _____ Dry Canned

Has your pet's diet changed recently? Yes No
If so, how _____

Is your pet shaking their head or scratching at their ears? Yes No

Is your pet chewing at their feet or itching on any part of their body? Yes No

Any other affected pets in the household? Yes No

Have you added a new pet? Yes No
If so... What Kind _____ When _____
List all pets in household _____

Has your pet been eating? More Less Same Unsure

Has your pet had any vomiting or diarrhea recently? Yes No Unsure

Have there been similar episodes of this in the past? Yes No Unsure

If yes, when _____
What kind of treatment? _____
How was the response to treatment _____

Do you bathe your pet? Yes No
How often? _____ What type of shampoo? _____

What percentage of time does your pet stay outside? _____

Is your neighborhood wooded? Yes No

Do any of the people in your household have any undiagnosed skin lesions? Yes No

Does anyone have an allergy to dogs or cats? Yes No