

dr. alexander **pack**  
dr. karl **scherer**  
dr. sandra **kehr**

hüttenstraße 20  
66583 spiesen-elversberg  
**telephone 06821-179494**

mail@tierklinik-elversberg.de  
www.tierklinik-elversberg.de  
monday to friday **9.00-19.00**

**tierklinik** elversberg

## Questionnaire for Dermatology Patients

### Referring Veterinarian

### Pet Owner

Pet Owner's Name

Street, House number

Postcode, Town

Telephone

### Patient

Veterinarian

Name

Species

Date of Birth (dd.mm.yyy)

f  m

Gender

Neutered

### Questions regarding symptoms

When did these symptoms begin?

Have there been changes to the skin or coat?

If yes, how would you describe these?

On which part of the body did the symptoms first appear?

Have the changes changed in their appearance?

If yes, how?



## Questionnaire for Dermatology Patients

Is there itching?

(scratching, biting, rubbing, licking...)

no  yes  a little  moderate  severe  very severe

Which body parts seem to be the itchiest?

(e.g. ears, paws...)

If your pet had change(s) to their skin or coat

and is also itchy, which developed first, the change(s) or the itch?

Itch  Skin changes  both

Daily, how long does your pet spend ...

... in the house?  hours ... outside  hours

Is the problem the same the year over,  
or are there differences with the seasons?

If yes, when is it at its worst?

Do other symptoms occur at the same time  
as the described symptoms?

E.g. sneezing, snoring, watery eyes, diarrhoea, vomiting...)

How do you feed your pet? What do they eat?

Does the patient react sensitively  
to changes in diet (vomiting, diarrhoea)?

Do you have other pets? If yes, what kind(s)?

Are animals that have had contact with your pet affected?

no  yes

Do you regularly use anti-tick and anti-flea medication?

no  yes

Which medication?

How often?

Do your pet's siblings also have skin problems?

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## Questionnaire for Dermatology Patients

Have you seen a veterinarian about these symptoms in your pet in the past?

no  yes

When?

What was examined?

Which medications were given?

Mediation

Time given/ Duration

Success

yes no

Mediation	Time given/ Duration	Success	yes	no
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Further remarks

Has your pet been outside the country?

no  yes

When and where?

Please fill out the table with regards to your pet:

	Less than normal	Normal	More than normal
Appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water consumption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defecation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

