

**DERMATOLOGY AND ALLERGY SERVICES FOR ANIMALS**

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Date: \_\_\_\_\_ Pet's Name: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_ Species: Dog / Cat / Other Color: \_\_\_\_\_  
Address: \_\_\_\_\_ Breed: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_ Sex: F / M Altered: Y / N  
Primary Phone: \_\_\_\_\_ (H) (C) (W) Referring Hospital: \_\_\_\_\_  
Secondary Phone: \_\_\_\_\_ (H) (C) (W) Referring Veterinarian: \_\_\_\_\_  
Email: \_\_\_\_\_

**We appreciate your cooperation in providing us with the following information.**

1. Describe your pet's skin or ear problem(s) as it first appeared and as it presents today.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. When did the problem first appear? \_\_\_\_\_

3. Which areas seem to be the most severe? \_\_\_\_\_

4. Was the onset gradual ( ) or sudden ( )?

5. Does your pet chew ( ), bite ( ), scratch ( ), rub ( ), or lick ( ) his/herself excessively?

6. Has your pet always lived in this part of the country? Yes ( ) No ( )

7. Does your pet spend most of his/her day indoors ( ) or outdoors ( )?

8. Describe the indoor environment of your pet (bedding, where pet sleeps, etc.)

\_\_\_\_\_

9. Describe the outdoor environment (grasses, weeds, wooded areas, etc.)

\_\_\_\_\_

10. Is the skin problem intermittent ( ) or continual ( )?
11. Is there a relationship between the severity of your pet's skin condition and the season of the year?  
Yes ( ) No ( )
12. If you answered YES to #11, please describe. \_\_\_\_\_  
\_\_\_\_\_
13. What treatment has your pet received for his/her skin or ear problem(s)? If possible, provide drug names, dosages, and duration of treatment. \_\_\_\_\_  
\_\_\_\_\_
14. Was there any improvement? \_\_\_\_\_
15. What medication is your pet presently receiving and when was it last given?  
\_\_\_\_\_
16. Have you been using any home remedies for your pet's skin or ear problems?  
\_\_\_\_\_  
\_\_\_\_\_
17. Is your pet on flea preventative? Yes ( ) No ( ) Please provide name.  
\_\_\_\_\_
18. Have you noticed fleas on your pet? Yes ( ) No ( )
19. Do you have any other pets at home? Have they shown similar skin or ear problems?  
\_\_\_\_\_
20. Do any pets in the neighborhood have similar skin or ear problems? Yes ( ) No ( )
21. Are you aware of any relatives of your pet having similar problems? Yes ( ) No ( )
22. Which brand diet is your pet currently receiving? For how long?  
\_\_\_\_\_