



Follow-Up Visit Questionnaire

Client Information

First and last name:

Phone number:

Email:

Regular veterinary clinic:

Date of appointment :

Pet Information

Name:

What product(s) are you currently using for flea/tick prevention? Please include date of last treatment:

Have you seen your regular veterinarian or a different veterinarian since your last visit with Dermatology? If yes, please include date and name of clinic if different from your regular veterinarian:

If yes to the above, were any diagnostic tests performed by your regular veterinarian? Please list them here:

If yes to the above, were any new medications prescribed by your regular veterinarian? Please list them here:



Please list ALL CURRENT medications your pet is taking. Please include current dose, frequency, if you feel the medication is helping and any side effects observed: (e.g. Clindamycin 300mg 1 tablet twice daily, yes, scabs are disappearing, no side effects noted). **Please indicate if a refill is needed:**

Please list any supplements, vitamins or flavoured products (e.g. toothpaste) your pet is currently taking:

Do you bathe your pet? How often? Please indicate the product(s) used and if a refill is required:

Date of the last bath:

Do you clean your pet's ears? How often? Please indicate the product(s) used and if a refill is required:

Date of the last ear cleaning:

What diet are you currently feeding your pet? Please include brand, name of diet and flavour :

Start date of current diet:



What other foods are you currently feeding your pet? Include fruits, vegetables, table scraps, any treats, bones, rawhides etc:

Are you feeding wet or dry formula?

Have you or your pet traveled since your last visit with Dermatology? Have you moved since your last visit?

Has anything changed in the household since your last visit with Dermatology? Please explain:

Has your pet had contact with new animals since your last visit with Dermatology? Please explain:

Have you noticed any new lumps/bumps on your pet since your last visit with Dermatology? Please note area, the date it was noticed, any changes in appearance observed and if it has been evaluated by a veterinarian:

Please provide an update on your pet's condition since your last visit with Dermatology and any additional notes you would like to share:



How Severe is Your Pet's Itching Today? *Please check the box that applies to your pet's condition overall*

Itching does not stop whatever is happening, needs to be physically restrained from itching.

Extremely severe itching / Almost continuous

Itching might occur at night (if observed) and also when eating, playing, exercising or being distracted.

Severe itching / Prolonged episodes

Itching might occur at night (if observed) but not when eating, playing, exercising or being distracted.

Moderate itching / Regular episodes

Does not itch when sleeping, eating, playing, exercising or being distracted.

Mild itching / A bit more frequent

Slightly itchier than it was before the skin problem started.

Very mild itching / Only occasional episodes

Normal. I don't think itching is a problem.

During the exam, are you comfortable with us shaving any affected areas to allow for better visualization? This may be associated with an extra cost. **Shaving can rarely lead to inadequate hair regrowth, permanent hair loss and/or hair growing back a different colour.**

Yes

No

Are you comfortable with repeat diagnostic testing (ear and/or skin cytology and/or bacterial culture) if deemed warranted by the Dermatologist today? **Any testing is only performed on an as needed basis* Additional charges will apply.*

Yes

No

Thank you for your time in filling out our questionnaire! We look forward to seeing you and your pet again soon!