



# Winrock

## ANIMAL CLINIC, P.C.

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Owner's/Guardian's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

### Skin Problem Questionnaire

1. What is the presenting complaint?  
\_\_\_\_\_
2. What is the location of the problem?(i.e. rash under arms, on belly, all over body, etc.)  
\_\_\_\_\_
3. When did it begin/how long has it been going on?  
\_\_\_\_\_
4. Has the pet had this, or a similar problem before? If yes, when?  
\_\_\_\_\_
5. Is your pet on flea, tick, or heartworm prevention? If so, when was it last applied?  
\_\_\_\_\_
6. Have you seen any fleas or ticks on your pet?  
\_\_\_\_\_
7. Does your pet get bathed or groomed? If yes, what shampoo was used, and when was the last time it was done?  
\_\_\_\_\_
8. Is your pet itchy, or does he/she seem uncomfortable?  
\_\_\_\_\_
9. Does your pet have contact with grass, weeds, plants etc.? If yes, has it recently been treated with anything?  
\_\_\_\_\_
10. Does your pet have any known allergies?  
\_\_\_\_\_
11. Does your pet seem to be in any pain? If yes, on a scale of 1-10, how much?  
\_\_\_\_\_
12. Is there any hair loss associated with the problem?  
\_\_\_\_\_
13. Is your pet currently on any kind of medications? If so, list:  
\_\_\_\_\_
14. Has your pet been licking, chewing, or scratching on any part of its body?  
\_\_\_\_\_
15. What is your pet's current diet? Be specific as possible, and list any changes to it.  
\_\_\_\_\_
16. Is your pet kept indoors, outdoors, or both?  
\_\_\_\_\_
17. Has your pet been away from its normal environment, or been around any new animals recently?  
\_\_\_\_\_
18. Have you recently moved, or taken your pet on any trips recently?  
\_\_\_\_\_
19. Have you noticed a foul odor to your pet?  
\_\_\_\_\_
20. Are there any skin lesions/sores that you have noticed? If yes, where?  
\_\_\_\_\_
21. Are there are reddish brown stains on your pet or areas where the skin is thick/leathery? If yes, where?  
\_\_\_\_\_
22. Does your pet's skin problem disturb you or your pet's ability to sleep through the night?  
\_\_\_\_\_
23. Have your or any other person in your household had any similar signs or lesions?  
\_\_\_\_\_