Reason For Today's Evaluation:

1. Chief Complaint: (Circle All That Apply) Itching Sores Hair Loss Ear Disease Other: _____

2. Aside from skin problems, is your pet healthy? Yes No
   (a) If no, please specify:
   _____
   _____

3. When was the problem first noticed?: _____

4. Where on the body did the problem begin?: _____

5. Is the problem: Year Round Seasonal Unknown
   (a) If seasonal, which season(s) is it worse? (Circle All That Apply) Spring Summer Fall Winter

6. Does your pet itch, scratch, lick, rub or chew: Yes or No

   (a) If so, where?: (Circle All That Apply) Face Ears Neck Arm Pits Belly Rump
   Front Legs/Feet Back Legs/Feet Whole Body
   (b) Is the itching: Mild Moderate Severe Constant Periodic

7. Do the parents or littermates have similar problems?: Yes or No

8. Do any people in the household have similar problems?: Yes or No

9. Do any other pets in the household have similar problems?: Yes or No

10. Heartworm preventative: Filaribits Heartguard Interceptor Pro-Heart Revolution Sentinel Interceptor
    Not Used Other: _____

11. Flea Prevention: Advantage Advantix Frontline Program Revolution Sentinel
    Not Used Other:_____

12. What is the current diet? _____

13. What medications have been used?

Drug	How Much	How Often	Did it Help?
			Yes or No
			Yes or No
			Yes or No
			Yes or No
			Yes or No
			Yes or No
			Yes or No
			Yes or No