



Veterinary Dermatology Center, P.A.
Dawn B. Logas, DVM & Marcia Schwassmann, DVM
Diplomates of the American College of Veterinary Dermatology



Owner Information:

Date: _____
Owner: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Place of Employment: _____ Work Phone (OK to call?): _____
Spouse's Name: _____ Work Phone (OK to call?): _____

Patient's Information:

Pet's Name: _____ Breed: _____
Sex: _____ Age: _____ Color: _____
Spayed/Neutered: Yes _____ No _____
Current Medications _____
Has your pet ever had a seizure before? _____

Referral Information:

Referring Veterinarian's Name: _____
Name of Hospital/Clinic: _____
Additional Hospitals/Clinics: _____

Signature: _____



**** We accept Visa, Mastercard, Cash or Check ONLY ****

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9901 S. Highway 17-92
Maitland, FL 32751
(407) 629-0044 Ext. 2 Fax (407) 629-0602

Dermatology – Client History Questionnaire

Patient: _____ **Date:** _____

1. How old was your pet when he/she was obtained? _____
2. Where was your pet obtained: Shelter ___ Pet Shop ___ Private Breeder ___
3. Has your pet ever lived/traveled out of the Central Florida area? ___ If yes, when & where _____
4. Describe the complaint: _____
5. How long has it been present? _____
6. Onset: Sudden ___ Gradual ___
7. Is the problem continual or intermittent?

8. Is problem worse indoors or outdoors (or does not matter)? _____
9. Is the problem worse at some times of the year than others? ___ If yes, Summer ___
Fall ___ Winter ___ Spring ___
10. What are the areas affected?

11. Does the pet scratch, chew, itch, bite, lick or groom excessively (circle all that apply)? If yes, how severe is the itching problem: mild ___ moderate ___ severe ___
Where on body? Face ___ Eyes ___ Ears ___ Muzzle ___ Neck ___ Paws ___ Tail ___ Forelegs ___
Hind legs ___ Back ___ Chest ___ Belly ___ Groin ___ Anal area ___
12. Is there loss of hair? ___ Give Distribution _____
13. Are there changes in the color of:
a) The hair? _____ Describe: _____
b) The skin? _____ Describe: _____
14. Has your pet been boarded? ___ If yes, when? _____
15. What other pets are in the household? _____
16. Do they have any skin problems? _____
17. Do any members of the household have skin problems? _____
18. Do any members of the household smoke? _____
19. Describe the pet's diet (if possible, specify brand & type of food)

20. Is the pet mostly: indoors, outdoors, partly in and out? _____
21. Does your pet go to a groomer? ___ If yes, how often? _____
22. What does he/she contact indoors in terms of rugs, bedding, etc?

23. What does he/she come in contact with the most outside?

24. Do you have wandering jew or jasmine plants in your environment? ___ If yes, does your pet have direct contact with them? _____
25. Are carpet deodorizers used in the house? _____

