

Thistle Dermatology Referrals				
Client Questionnaire				
Your name:	Tel No:	home		
Your Address:		Work		
		mobile		
Your Veterinary Surgeon's Address:	Name:			
	Telephone No:			
Your pet's Name:				
	Sex: M/F		Age	Breed
Neutered Yes / No	When			
Has your pet been vaccinated?				
Is your pet insured?				
Are there any other animals in the household? Please specify.				
Do any people in the house have a skin condition?				
How much time does your pet spend in the house? (circle)	100%	75%	50%	25%
Where does your pet sleep?				
Where does your pet go for exercise?				
Does your pet cope with exercise as well as he/she used to?				
What do you feed your pet?				
What does your pet drink?	How much?			
What is the main skin complaint? (please circle)	itching	loss of hair	dandruff	
	rash		oily coat	odour
When did you first notice the problem?				
Where did the skin condition first appear? (circle)	Face belly/groin	ears legs	Neck feet	back trunk
Has it got worse since then?				
Does it have a seasonal pattern? (circle)	spring	summer	autumn	winter
Is your pet receiving any medication/shampoos other than those from your Veterinary Surgeon?				
Is there anything else which you think may be important?				
home letter directions				