

Veterinary Emergency Clinic and Referral Centre

920 Yonge St. Suite 117, Toronto, ON M4W 3C7

Tel.: (416) 920-2002 Fax: (416) 920-6185

www.vectoronto.com

DERMATOLOGY REFERRAL QUESTIONNAIRE

Veterinary Dermatologists:

Stephen Waisglass, BSc., DVM, CertSAD, Dipl. American College of Veterinary Dermatology

Karri Beck BSc., DVM, Dipl. American College of Veterinary Dermatology

SECTION A - TO BE COMPLETED BY THE OWNER USING MICROSOFT WORD

Both sections A (client forms) and B (vet forms) must be returned to our hospital at least 72 hours prior to the appointment. Completed forms can faxed, mailed or E-mailed to: derm@vectoronto.com

CLIENT DATA

TODAY'S DATE:

DATE AND TIME OF APPOINTMENT:

WITH DOCTOR: WAISGLASS
 BECK

OWNER'S SURNAME:

FIRST NAME:

ADDRESS:

CITY/TOWN:

POSTAL CODE:

HOME PHONE: ()

BUSINESS PHONE: ()

MOBILE PHONE: ()

E-MAIL:

HOW DID YOU HEAR ABOUT OUR FACILITY?

MY FAMILY VETERINARIAN WEB SITE FRIEND/FAMILY

PHONE BOOK OTHER (please explain):

If a friend/family member, who may we thank?

PLEASE LIST ANY PEOPLE (OTHER THAN YOUR FAMILY VETERINARIAN) THAT ARE AUTHORIZED TO MAKE HEALTH CARE DECISIONS FOR YOUR PET OR HAVE ACCESS TO YOUR PET'S RECORDS:

WHO IS YOUR FAMILY VETERINARIAN?

Doctor:

Clinic:

Address:

City / Town:

Postal code:

Phone: ()

Fax: ()

Email (if known):

PLEASE NOTE: UNLESS OTHERWISE CONTRAINDICATED (CHECK WITH YOUR VETERINARIAN)

- 1. DO NOT BATHE your pet for at least 5 days prior to your appointment**
- 2. DO NOT FEED (WATER IS OK) your pet for at least 12 hours prior to your appointment**
- 3. In most cases, pets will not be allergy tested at the first visit. Withdrawal periods before allergy testing will vary with the type and duration of previous treatments. If allergy testing is indicated, we will discuss this in detail at the first visit**
- 4. INITIAL CONSULTS CAN TAKE 90 MINUTES OR MORE, please be sure to schedule your time accordingly.**
- 5. Please make every effort to have the primary caregiver(s)/decision makers attend the appointment - there is a lot of discussion and oftentimes decisions that need to be made at the first visit**
- 6. While it is best if we can see the pet off medication, this is not always possible. Please check with your family veterinarian (we are always happy to discuss the case in advance with your vet)**
- 7. Please do not allow your pet to “socialize” with another pet in the waiting room**
- 8. Please bring along any remaining medications that you may have used for your pet’s skin problems**
- 9. Payment is due at the time of appointment. We accept cash, interac, visa, and mastercard. Unfortunately, we cannot accept cheques.**
- 10. Due to our heavily booked schedule, missed appointments are subject to a cancellation fee unless notified 2 business days or more in advance.**
- 11. A summary of the visit will be sent to your family vet after each visit (we will also send a summary home with you)**

Note to the caregivers ("owners"):

Thank you for booking an appointment with the dermatology service. We realize that this questionnaire is detailed and appreciate your efforts in completing it. There are many conditions in dermatology that look the same - it's all about detective work. The answers that you record on this form may give us more clues as to the cause than the check-up itself! In having the questions answered in advance, we can spend more of the appointment time examining your pet, performing diagnostic tests (when needed) and explaining the disease and treatment plan. Don't worry, we always spend some time at the beginning reviewing your answers. Please take your time and answer the questions to the best of your ability - we realize that some may not apply to your particular case, but you may be surprised to learn of some that do. Thanks again for your time and patience!

Dr. Stephen Waisglass
Dr. Karri Beck

PLEASE CHECK THE APPROPRIATE BOX (WHERE APPLICABLE)

PET DATA

1. PET'S NAME:

2. PET'S BIRTH DATE: _____ OR APPROXIMATE AGE: _____ YEARS

3. SPECIES: DOG CAT OTHER (explain): _____

4. BREED:

5. SEX: MALE FEMALE

6. NEUTERED (castrated or spayed?) NO YES

7. COLOUR:

8. APPROXIMATE WEIGHT: _____ KILOGRAMS or _____ POUNDS

9. AGE FIRST ADOPTED:

10. WHERE WAS YOUR PET OBTAINED?

Kennel/Breeder Pound/ Humane Society Pet Store

Advertisement Friend Stray

Other If "Other" (please explain): _____

PRESENTING COMPLAINT

11. MY PET'S MAJOR SKIN PROBLEM(S) IS (ARE):

- ITCHINESS HAIR LOSS SORES
 LUMPS/BUMPS EAR PROBLEMS CLAW DISEASE
 COLOUR CHANGE OTHER If other, please explain:

12. HOW OLD WAS YOUR PET WHEN YOU FIRST NOTICED THE PROBLEM?

13. IF MULTIPLE PROBLEMS, WHAT DID YOU NOTICE FIRST?

14. DID IT START SUDDENLY OR GRADUALLY?

- SUDDENLY GRADUALLY UNSURE

15. WHERE ON THE BODY DID THE PROBLEM START?

16. ITCHINESS: DOES YOUR PET LICK, SCRATCH, RUB, BITE, CHEW OR OVERLY GROOM HIM/HERSELF?

- NO YES IF YES, PLEASE FILL OUT THE CHART BELOW
 IF NO, PLEASE GO TO QUESTION 18

Please rate the discomfort at each site on the chart below as

- 0 (NOT AT ALL)
 1 (MILD)
 2 (MODERATE) OR
 3 (SEVERE)

SITE	SCORE (0-3)	SITE	SCORE (0-3)	SITE	SCORE (0-3)	SITE	SCORE (0-3)
EYES		FRONT PAWS		CHEST		BACK	
EARS		BACK PAWS		SIDES		BACK NEAR TAIL	
CHEEKS/LIPS		FRONT LEGS		ARMPITS		TAIL	
MUZZLE/CHIN		BACK LEGS		BELLY		ANUS	
NECK		CLAWS		GROIN AREA		VULVA OR PREPUCE (PENIS SHEATH)	

OTHER

SCORE : (0-3)

17. IS THE FRONT HALF OR BACK HALF THE ITCHIEST?

- FRONT BACK UNSURE

18. IS THE SKIN PROBLEM INTERMITTENT (COMES AND GOES) OR CONTINUAL (NEVER STOPS WITHOUT TREATMENT)?

- I) INTERMITTENT (comes and goes)
- II) CONTINUAL (never stops without treatment)

I) IF INTERMITTENT (comes and goes):

Did you notice the problem occurring at any specific time of year?

NO YES IF YES, PLEASE MARK THE MONTHS BELOW.

JAN FEB MAR APR MAY JUNE JULY AUG SEPT OCT NOV DEC

II) IF CONTINUAL (never stops without treatment):

Are there times of the year that the condition worsens?

NO YES IF YES, PLEASE MARK THE MONTHS BELOW.

JAN FEB MAR APR MAY JUNE JULY AUG SEPT OCT NOV DEC

Did it START intermittently? (would go away for a period of time in the beginning)

NO YES IF YES, PLEASE MARK THE MONTHS BELOW.

JAN FEB MAR APR MAY JUNE JULY AUG SEPT OCT NOV DEC

19. IF THERE WERE SORES, WHAT DID THEY LOOK LIKE AT FIRST?

If it has since changed, how has it changed?

20. WAS THE PET ITCHY BEFORE THE SORES CAME? NO YES

21. HAIR LOSS: DOES YOUR PET SUFFER FROM HAIR LOSS THAT IS UNRELATED TO SELF TRAUMA (NOT BECAUSE OF ITCHINESS, OVERGROOMING)?

NO YES

If YES, at what age did the hair loss start?

Are there bald patches or just thinning of the coat?

BALD THIN COAT BOTH

Where is the hair loss most prominent? (can also use chart in question 26)

22. COLOUR CHANGE:

DOES YOUR PET HAVE ANY RASH OR DISCOLOURATION OF THE SKIN, HAIR OR CLAWS?

NO YES

IF YES, HAS IT BECOME:

LIGHTER? (WHITE/GREY)

RED?

DARKER (PIGMENTED)?

OTHER?

(we realize that there may be more than one answer depending on the site)

At what age did you first notice it?

Where did it start?

23. WOULD YOU DESCRIBE YOUR PET AS SCALY (LOTS OF DANDRUFF) OR GREASY(OILY)?

NO YES

If YES, is your pet SCALY OR

GREASY OR

BOTH

Is it mild, moderate or severe? MILD MODERATE SEVERE

At what age did the scaling/greasiness begin?

24. WOULD YOU DESCRIBE YOUR PET AS MALODOUROUS (SMELLY?)

NO YES

If YES, does it go away after bathing? NO YES

If bathing helps, how soon after a bath does it return?

25. DOES YOUR PET HAVE ANY BUMPS/TUMOURS?

NO YES If YES, YOU CAN USE THE CHART IN QUESTION 26 TO MARK THE LOCATION

HAVE THEY BEEN TESTED? (Biopsy, needle aspirate etc?) NO YES

If multiple bumps, where did they start?

Did they look different in the beginning? NO YES . If YES, please explain:

26. **LESIONS** (SORES/BUMPS/HAIR LOSS/SCALINESS ETC)

WE WILL DO A FULL DERMATOLOGIC EXAM AT THE VISIT. HOWEVER, IF YOU WOULD LIKE TO HIGHLIGHT AREAS THAT ARE OF PARTICULAR CONCERN, PLEASE FEEL FREE TO NOTE THEM IN THE CHART BELOW, USING THE FOLLOWING KEY:

T = **TUMOURS** (LUMPS/BUMPS)

H = **HAIR LOSS**

P = **PAPULES** (PIMPLES)

S = **SORES/RAW AREAS**

D = **DANDRUFF/SCALES**

C = **COLOUR CHANGE:**

LIGHTER? (WHITE/GREY) **RED?**

DARKER (PIGMENTED)? **OTHER?**

O = **OTHER** (PLEASE DESCRIBE):

SITE	LESION	SITE	LESION	SITE	LESION	SITE	LESION
EYES		NECK		CHEST		BACK	
EARS		FRONT PAWS		SIDES		BACK NEAR TAIL	
CHEEKS		BACK PAWS		ARMPITS		TAIL	
LIPS		FRONT LEGS		BELLY		ANUS	
MUZZLE		BACK LEGS		GROIN		VULVA	
NOSE		CLAWS		PREPUCE (PENIS SHEATH)		OTHER	

27. **I WOULD DESCRIBE MY PET'S ACTIVITY LEVEL**

Normal Lethargic Hyperactive

28. **I WOULD DESCRIBE MY PET'S WATER INTAKE AS:**

Normal Increased Decreased

29. **I WOULD DESCRIBE MY PET'S APPETITE AS:**

Normal Increased Decreased

30. **URINATION:**

I WOULD DESCRIBE MY PET'S URINE VOLUME AS:

Normal Increased Decreased

AND THE FREQUENCY AS:

Normal Increased Decreased

31. ANY COUGHING/SNEEZING/TROUBLE BREATHING? NO YES

If YES, please describe:

32. ANY HISTORY OF SEIZURES?: NO YES

33. ANY HISTORY OF HEART DISEASE? NO YES

34. ARE YOU AWARE OF ANY OTHER SIGNIFICANT NON DERMATOLOGICAL (not skin related) MEDICAL PROBLEMS IN YOUR PET?

NO YES If YES, please describe:

35. DOES YOUR PET HAVE ANY KNOWN DRUG OR FOOD SENSITIVITIES? (INCLUDES SEDATION/ANESTHESIA)

NO YES

IF YES, Please list. describe:

36. IS YOUR PET ON ANY CHRONIC (FULL TIME) MEDICATION? NO YES

IF YES, Please list

37. WHAT DO YOU FEED YOUR PET (including treats)?

38. HAVE THERE BEEN ANY CHANGES IN THE DIET?

NO YES

If YES, when and how has the diet changed? What was (were) the previous diet(s)?

39. WHERE DOES YOUR PET STAY?

Indoor Outdoor In/Out Other (please explain):

My pet prefers the following types of places:

Warm Cold No Preference

IF INDOORS, where does your pet spend most of its time? (e.g. pet bed, favorite places)

IF OUTDOORS, what does he/she come in contact with (e.g. city, rural? both?)

40. ARE THERE ANY OTHER PETS IN THE HOUSEHOLD?

NO YES

If YES, please list type(s) of pet(s) and their names if desired:

Are they indoor only? Indoor/outdoor?

Indoor Outdoor In/Out Not applicable

Do they have any skin problems? NO YES

If YES, please describe:

41. DOES YOUR PET'S PARENTS OR LITTER MATES HAVE ANY HISTORY OF SKIN PROBLEMS?

UNKNOWN NO YES

If YES, please describe:

42. TO THE BEST OF YOUR KNOWLEDGE, HAS YOUR PET BEEN IN CONTACT WITH ANY OTHER PETS WITH SKIN PROBLEMS?

NO YES

43. HAS YOUR PET BEEN TRAVELING? NO YES

NO YES If YES, please tell us where and when:

44. DO YOU BOARD YOUR PET?

NO YES. If YES, when was the last time?

45. DO YOU TAKE YOUR PET TO A GROOMING STUDIO?

NO YES. If Yes, when was the last time?

46. HAVE ANY PEOPLE IN THE HOME, INCLUDING VISITORS, DEVELOPED ANY SKIN PROBLEMS SINCE YOUR PET HAS HAD PROBLEMS?

NO YES. If YES, please describe:

TREATMENT HISTORY

47. PLEASE CHECK ANY APPLICABLE BOXES:

WHILE MY PET WAS GETTING THE TREATMENT,

THE ITCHINESS:

- RESOLVED
- RESOLVED AT HIGHER DOSAGES, BUT RECURRED AS I LOWERED THE DOSE
- IMPROVED, BUT NEVER WENT AWAY COMPLETELY
- REMAINED
- WORSENERD - IF SO, WHILE USING WHICH TREATMENT?

THE SORES/RASH:

- RESOLVED
- IMPROVED BUT DIDN'T QUITE GO AWAY
- REMAINED
- WORSENERD - IF SO, WHILE USING WHICH TREATMENT?

THE HAIR LOSS:

- RESOLVED
- IMPROVED BUT DIDN'T QUITE GO AWAY
- REMAINED
- WORSENERD - IF SO, WHILE USING WHICH TREATMENT?

THE LUMPS:

- RESOLVED
- IMPROVED BUT DIDN'T QUITE GO AWAY
- REMAINED
- WORSENERD - IF SO, WHILE USING WHICH TREATMENT?

THE EAR INFECTION:

- RESOLVED
- IMPROVED BUT DIDN'T QUITE GO AWAY
- REMAINED
- WORSENERD - IF SO, WHILE USING WHICH TREATMENT?

OTHER (please explain):

48. IS THIS STATEMENT TRUE?

DURING TREATMENT,

THE ITCHINESS, HAIR LOSS, BUMPS AND SORES RASH EAR INFECTION COMPLETELY RESOLVED, ONLY TO RELAPSE AFTER THE TREATMENT WAS STOPPED.

NO YES

If YES, how long after discontinuation?

If YES, which medicine(s) worked?

49. IS YOUR PET CURRENTLY RECEIVING ANY MEDICATION?

NO YES. If YES please list which medication(s), the dose and frequency (how often), if known

WHEN WAS YOUR PET LAST BATHED?

(PLEASE REMEMBER NOT TO BATHE FOR AT LEAST 5 DAYS PRIOR TO THE APPOINTMENT)

50. HAS YOUR DOG HAD A HEARTWORM TEST THIS YEAR?

NO YES.

If YES, what was the result?

Is your pet currently on heartworm prevention medication or have they been on it in the past?

NO YES.

If YES, which one (if known)?

When was the last treatment?

Was your pet on heartworm treatment last year?

NO YES. If YES, which one?

51. HAS YOUR PET BEEN ON FLEA PREVENTION/TREATMENT?

NO YES.

If YES, which one(s), if known?

When was the last treatment?

52. CAN YOU

Bathe your pet?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Administer drops, lotions or creams?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Administer tablets / capsules?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Administer oral liquids?	<input type="checkbox"/> NO	<input type="checkbox"/> YES

53. YOUR OPINION IS VERY IMPORTANT TO US. What do you think the problem may be?

Both sections A and B must be returned to our hospital at least 72 hours prior to your appointment. Completed forms can be sent by: E-mail to: derm@vectoronto.com, fax to 416-920-6185 or mail to the DERMATOLOGY DEPARTMENT, Veterinary Emergency Clinic and Referral Centre, 920 Yonge Street Suite 117, Toronto, Ontario, M4C 3C7

PLEASE BE SURE TO HAVE YOUR REGULAR VETERINARIAN COMPLETE SECTION B