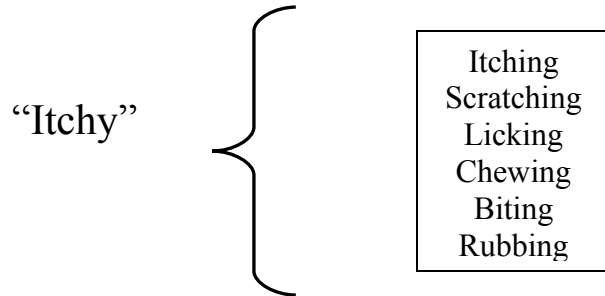


## K9 ALLERGY QUESTIONNAIRE FORM "A"

\*If you do not know the answer to a question or do not understand the question please\*  
\*leave the answer blank DO NOT guess\*

*IMPORTANT:*

Our definition of "Itchy" includes the following terms:



*ALSO:*

Ears and paws are a common target for allergies. Some dogs may have a history of ear infections before paws or other areas of skin become involved.

When we ask you a question relating to your dogs "skin" please include paws and ears in your consideration to your answer.



## ALLERGY QUESTIONNAIRE

### A) GENERAL

Owner Name:

Phone:

Clients Name:

Email:

Pets Name:

Breed:

Age:

Sex:

- 1.) Age or Date when you Acquired Pet:
- 2.) Has the dog moved Residence: Yes  No   
If YES when:  
If YES was it: Local  From Another Province  International   
From: \_\_\_\_\_ to: \_\_\_\_\_
- 3.) Any other tests for allergies Yes  No   
(If YES please provide us with a copy of the results)

### B) SYMPTOMS

- 1.) Approximate Date when problem FIRST started:
- 2.) If problem continuous for over a year, did it start off as seasonal: Yes  No   
When: \_\_\_\_\_
- 3.) How itchy is your pet on a scale of 1-10 (10 being the worst possible):
- 4.) Are Symptoms getting worse: Yes  No
- 5.) When did it start to get worse:
- 6.) Are Symptoms getting worse: Yes  No
- 7.) When did it start to get worse:
- 8.) Is there a time when the dog is *less* itchy: Yes  No   
If YES when: \_\_\_\_\_
- 9.) Where does your pet "Itch" (refer back to definition) check all that apply:  
Muzzle  Eyes  Ears  Neck  Back   
Tail  Rump  Armpits  Front Legs  Back legs   
Thighs  Front Paws  Back Paws  Chest  Abdomen   
Groin  Scoots bum
- 10.) Was the "itching" the *first* symptom/thing you noticed: Yes  No
- 11.) What did the problem look like *initially*:  
Normal Skin, just "itch"  Pimples   
Hair Loss  Redness   
Rash
- 12.) Has problem spread: Yes  No   
If so when/where: \_\_\_\_\_
- 13.) Have the ears been involved ie: infected, waxy +/- itchy: Yes  No

**C) INSIDE ENVIRONMENT**

1.) Percent of time spent...

Indoors: %

Outdoors: %

2.) Type of Flooring in your residence

Carpets/Rugs: % Any of them wool Yes  No

Tile/Wood: %

3.) Where/when are symptoms at their worst:

Indoor  Morning

Outdoor  Night

No difference  No difference

Describe:

4.) Which room does your pet sleep at night:

Bedroom  Bathroom

Family Room  Kitchen

Basement  Garage

Laundry Room  Outside

Other

5.) Where does your pet sleep at night:

On Bed  Tile/Wood Floor

Under Bed  Carpet

Beside Bed on floor  Doggy Bed

Couch/Chair  Wool Blanket

→Ulphostered  Other

→Leather/Vinyl

6.) Which room does your pet spend most of it's time during the day:

Bedroom  Bathroom

Family Room  Kitchen

Basement  Garage

Laundry Room  Outside

Other

7.) Where does your pet spend most of it's time during the day:

On Bed  Tile/Wood Floor

Under Bed  Carpet

Beside Bed on floor  Doggy Bed

Couch/Chair  Wool Blanket

Ulphostered  Other

Leather/Vinyl

**D) ENVIRONMENT: Part II- Choose all that apply**

- 1.) Wooded Area  Decaying vegetation ie: mulches,   
leaves, rotting wood piles, compost  
Dog house  Vegetable Garden   
Barns, Horse Manure  Areas of water, ditches, ponds, lakes,  
river, ocean
- 2.) Damp House  Water leaks, roof leaks   
Lots of Indoor plants  laundry room, hot water tank
- 3.) Type of trees in/around neighbourhood=  
Outdoor surface: Grass  Deck  Cement/tiles

**E) RESPIRATORY SYMPTOMS**

- 1.) Cough  Sneezing  Runny eyes  Laboured breathing   
Tires easily on walks

**F) G.I.T.**

- 1.) Has your pet received treatment for stomach or intestinal problems/upsets:  
Yes  No
- 2.) Does your pet have or had any of the following:  
Vomiting  Diarrhea (loose/runny stool)  Pass gas frequently   
Bad breath
- 3.) Number of bowel movements your pet has per day:  
1  2  3  4  5  6

**G) DRUG HISTORY (check all that apply)**

- |                                       | When                         | Did it help?                | When was it stopped? |
|---------------------------------------|------------------------------|-----------------------------|----------------------|
| Antihistamines (ie: Benadryl...)      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                      |
| Cortisone (ie: prednisone, VanectylP) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                      |
| Cortisone Injections                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                      |
| Atopica/Neoral (Cyclosporine)         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                      |
| Antibiotics                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                      |
| -what kind=                           |                              |                             |                      |
| Shampoo                               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                      |
| -what kind=                           |                              |                             |                      |
| Flea Control                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                      |
| -what kind=                           |                              |                             |                      |

**G) DRUG HISTORY (Continued)**

**When Did it help? When was it stopped?**

Ear Meds

-what kind=

Yes  No

Eye Meds

-what kind=

Yes  No

Topical Meds

-what kind=

Yes  No

Were there any adverse reactions to any of the above? Yes  No

If yes, what were the symptoms?

Vomiting  Diarrhea

Skin got worse  Severe Itching

Other

**H) FOOD HISTORY**

1.) List *pet foods* from most current to oldest

(bring ingredient label or write down on separate sheet first 5 ingredients)

1. How long has it been fed for?

2. How long has it been fed for?

3. How long has it been fed for?

4. How long has it been fed for?

5. How long has it been fed for?

If there's more than 5 diets please list them on separate sheet.

2.) *Treats*, list from most current to oldest (cookies, biscuits, chews, snacks etc)

(bring ingredient label or write down on separate sheet first 5 ingredients)

1. How often is it given?

2. How often is it given?

3. How often is it given?

4. How often is it given?

5. How often is it given?

If there's more than 5 please list them on separate sheet.

3.) *Human Food*, list foods from most current to oldest

(bring ingredient label or write down on separate sheet first 5 ingredients)

1. How often is it given?

2. How often is it given?

3. How often is it given?

4. How often is it given?

5. How often is it given?

If there's more than 5 please list them on separate sheet.

4.) When you changed diets/treats did you notice your pet getting better?

Yes  No

Explain:

5.) When you changed diets/treats did you notice your pet getting worse?

Ear problems, skin problems, itching

Yes  No

Explain:

*OR*

6.) No difference when you switch foods/treats