

NEW CLIENT FORM

Please tick clearly

Name:

Address:

Contact phone number:

Email:

Pet's name: Age of pet now: Age of pet when problem started:

Is your pet neutered? YES NO Age of pet when neutered:

Is your pet's skin condition seasonal? YES NO

If a continuous skin condition, was it seasonal to start with? YES NO

Are symptoms worse during any of the following situations? Night Morning Indoor Outdoor

Is there a time when the condition is less severe? YES NO

If yes, when?

Does the itching get less intense at times? YES NO

If yes, when?

Percentage of time your pet is Indoors% Outdoors%

What was the problem like initially? Normal skin but itchy Hair loss Pimples Redness Rash

Where did the problem first start? Nose Eyes Ears Neck Back Rump Tail Front legs
 Front feet Back feet Back legs Abdomen Chest Groin

Has it spread? YES NO If yes, where:

Does your pet lick, bite, rub, chew or scratch any of these areas? Nose Eyes Ears Muzzle Neck
 Chest Back Front legs Rump Tail Abdomen Back legs Front feet Back feet
 Armpits Groin Inner thighs and legs

How itchy is your pet on a scale of 0-10? (0 being normal and 10 being extremely itchy)?

Does your pet do any of the following? Cough Sneeze Runny eyes Get ear infections
 Diarrhoea Loss of appetite Vomit Drink excessively Limp

If you ticked any of the above, please give more information, ie frequency and description:

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Do you have any other pets? YES NO If yes, what species:

If you have other pets are they affected? YES NO

What flea control/product do you use on your pet? How often?

Please list the medications your pet has taken for the skin condition:

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Please list any other medication your pet is on - not related to the skin condition:

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Have any of the medications helped the skin condition? YES NO

If yes, which ones:

Please list any other vitamins, supplements etc your pet has been given:

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What shampoo do you use, and how often?

What do you feed your pet? Please list all foods, including treats:

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How long have you been feeding your pet the above foods?

How many bowel movements does your pet have each day?

Has your pet had any stomach or intestinal problems? YES NO

If yes, please explain:

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How many times has your pet been treated for this skin problem, prior to visiting us?

Additional comments:

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Do you give consent for your pets photos to be posted to our facebook page,
website or used in conjunction with our promotional material? YES NO

Signature:

Date: