

Welcome to the Veterinary Dermatology Specialists!

Please complete the questionnaire below, it helps us help your horse.



DERMATOLOGY HISTORY

Name of owner: _____ Name of horse: _____

Breed of horse: _____ Age of horse: _____

What is the horse's use? _____ Does the horse travel? Yes/No

What is the main reason for your visit? _____

How long have you owned this horse? _____ How long has your horse had this problem? _____

Is this the first time your horse has had a skin/ear/hoof/mane/tail problem? Yes /No

If no, when was the first occurrence? _____

Itch

Is your horse itchy? Yes/No

If you answered yes, does your horse scratch, lick chew or rub any of the following areas? Please tick all that apply:

- | | | | |
|--------------------------------------|--------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Head | <input type="checkbox"/> Back | <input type="checkbox"/> Front legs | <input type="checkbox"/> Tail |
| <input type="checkbox"/> Ears | <input type="checkbox"/> Neck | <input type="checkbox"/> Withers | <input type="checkbox"/> Chest |
| <input type="checkbox"/> Around eyes | <input type="checkbox"/> Groin | <input type="checkbox"/> Back legs | <input type="checkbox"/> Other: Describe _____ |
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Rump | <input type="checkbox"/> Mane | |

Is this problem seasonal or year-round? Yes/No/Unknown

Has your horse experienced hives before? Yes/No If yes, describe _____

If you answer YES to being seasonal, which seasons? Spring/Summer/Autumn/Winter

Percentage of time spent stabled? _____% Where does the horse spend most of it's time? _____

Type of bedding? _____ Type of vegetation in paddock/s? _____

Are symptoms any worse when stabled outdoors, during the morning night

Are there any other animals on the property? Yes/No If YES, include species? _____

Any other horses on the property affected? Yes/No

Are any humans in that are in contact with the horse affected? Yes/No

Do any of the relatives of the horse have a skin issues Yes/No/Unknown

Medications

Is your horse taking any medications currently? _____

What medications has your horse received in the past for this issue? _____

Which medications seem to help? _____

Has your horse had any adverse drug or vaccination reactions before Yes/No.

If YES, describe: _____

Do you use routine insect control for your horse? Yes/no Brand: _____

How often do you wash your horse? _____ Brand of shampoo/conditioner _____

Diet

List all current diets, and include treats and supplements: _____

Has your horse been on a food trial? No Yes Unknown

General Health

Has your horse had any previous illness, surgery or trauma: Describe _____

Does your pet do exhibit any of the following?

Behavioural changes Sneezing Runny eyes

Diarrhoea Coughing Change in weight

Drinking excessively Urinating excessively

Other comments:

Thank you for completing the questionnaire. We're excited to help you and your horse.

Our family- caring for yours

-The Veterinary Dermatology Specialists

