

RIVERVIEW

ANIMAL



HOSPITAL

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Chippewa Falls, WI 54729
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Skin/Ears/Itching Concerns

Date _____ Owner's Name _____ Pet's Name _____
Pet's Age _____ Pet's Weight _____

Symptoms/Concerns Today

When did you first notice these symptoms? _____

Since the symptoms started, has it gotten worse/better/the same? _____

What areas are the worst (ears, feet, etc.)? _____

Is your pet on medications or over the counter supplements? _____

Medications/Supplement Names: _____

Have you given them anything for the itching (such as Benadryl)? _____

Last time your pet had their medications? _____

Any known allergies to medications? If so, which ones? _____

Is your pet still eating and drinking normally? _____ When was the last time they ate? _____

What brand of food do you feed? _____

Did you recently change anything in their diet (food, treats)? _____

Any environmental changes (detergent, shampoos, carpet cleaners)? _____

If there are other pets in the home, are they showing the same symptoms? _____

Do you use a flea and tick product? _____ Brand: _____

Do you apply the flea and tick product year round or just in the warm months? _____

Other concerns today? _____