

Good Hands Veterinary Hospital

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Allergies/Itchy Skin

Pet's Name: _____

1. How long have you noticed this problem?
2. Has this ever been an issue for your pet before? If so, is this a seasonal issue or does your pet have this issue all the time?
3. What are the current symptoms that your pet is experiencing?
4. Is your pet scratching and/or licking? If so, is this something that keeps them or you up at night?
5. Is your pet shaking their head at all or scratching at their ears?
6. Is your pet currently taking any medications for this problem? If so, has there been any improvement?
7. Have you noticed any redness to the skin? Scabbing or bumps?
8. Have you noticed any foul smells from the ears or other areas of the skin?
9. Is your pet currently on flea/tick prevention and if so, what? Do you give it monthly?
10. Have you tried anything at home to treat the symptoms? If yes, what medication(s), how often are you giving it, when was the last dose, and was there any effect?

Please send any helpful photos to us at goodhandsvet@bellsouth.net