



Dr. Nancy Altena  
2703 Clearwater Road  
St. Cloud, MN 56301  
320-252-6700  
[www.companionsweb.com](http://www.companionsweb.com)  
[team@companionsweb.com](mailto:team@companionsweb.com)



#### Diet –

1. How long has your pet been eating his/her current food?
2. What other foods have been fed? (please be as complete as possible)
3. How often are fed?
4. Does your pet have excessive gas or stomach rumbling?
5. How many bowel movements does your pet have per day?
6. Has your pet ever had diarrhea?
7. Is your dog sensitive to food changes?
8. What nutritional supplements are you currently using?
9. What treats does your pet get?

What treats has your pet had in the past?

#### Travel

1. Has your pet been outside the St. Cloud area?      If yes - where?
2. Has your pet ever traveled outside the United States?      If yes - where?
3. Has your pet been outside of his/her normal area (vacation, visited friends/family, boarded, groomer, self grooming salon)?
4. Did anyone in your family travel recently (without the pet)?

#### Environment

1. Do you have other pets? (please list and note species; when they came into the household; if they go outside and if they have skin problems)

2. Where does your pet spend most of its time? % indoors - % outdoors –

If pet goes outside - what wildlife is in your area?

Does your pet swim? –

3. What type of heat is in your house?

Have you recently moved?

4. Do any people in the household have a skin problem?

5. Is your pet on any flea control products?

Are the other pets on flea control products?

6. Is your pet on any monthly Heartworm preventative - which one?

Which months do you give it?

7. Does your home have a humidifier?

An air conditioner?

8. What is your pet's bedding made of?

9. What kind of carpeting do you have?

10. How often do you bathe your pet?

What shampoo and/or conditioner are used?

#### Problem

1. What is the primary problem as you see it?

Has there been a change in behavior since the problem started?

2. Do any relative of your pet have similar problems?

3. When did this problem start?

When the problem first began, where on the body did it first start?

4. Were there any prior skin problems in this pet?

5. When the problem first began, what did the skin look like?

How has that changed?

6. Is the pet itchy?

7. Does it lick, bite, scratch or chew any particular areas of its body?

8. Is there a time of day when your pet is more itchy?

Is your pet more itchy indoors or outdoors?

9. Is the skin problem/itchiness year round or seasonal?

Was it always this way or has it changed?

10. Has your pet ever had an ear infection?

When was the first one?

How often do you clean your pet's ears?

Does your pet shake his/her head?

11. Has your pet ever had inflamed eyes/eyelids or excessive discharge?

12. How often does your pet sneeze?

Reverse sneeze?

13. What treatments or medications have been tried and what was the effect?

14. Are any people in the household exhibiting signs?

15. Is your pet more or less active than normal or no change?

16. Does your pet sleep through the night?

Other:

What do you think is the cause?