



EQUINE DERMATOLOGY QUESTIONNAIRE

If you do not know the answer to a question or do not understand the question please

leave the answer blank DO NOT guess

A) GENERAL

Clients Name: _____

Horse Name: _____

Breed: _____

Age: _____

Sex: M F G

- 1.) Age when you Aquired Horse: _____
- 2.) What is the horse's use: _____

B) SYMPTOMS

- 1.) Describe the current skin problem(s) : _____
- 2.) Approximate date or age when problem FIRST started: _____
Onset: Sudden or Gradual
- 3.) Are Symptoms getting worse: Yes No
- 4.) When did it start to get worse: _____
- 5.) Where on the body did the problem FIRST begin: _____
- 6.) What did the problem look like *initially*: _____
- 7.) Has problem changed or spread: Yes No
If so when/where: _____
- 8.) Is the problem continual or intermittent
- 9.) If seasonal what seasons is the disease present:
Spring(Mar,Apr,May) Summer (Jun, Jul,Aug) Fall (Sept,Oct,Nov)
Winter (Dec,Jan,Feb)
- 10.) Does the Horse itch Yes No
If yes where: _____
- 11.) Do any horses in contact with the affected horse have skin problems: Yes No
If so, are they similar or different from this horse's problem: _____
- 12.) Do any people in contact with the horse have skin problems: Yes No
- 13.) Do you use insect control: Yes No
If yes, describe: _____
- 14.) Do any relatives of this horse have skin problems: Yes No
If yes, describe: _____

C) DRUG HISTORY-Veterinary or "home" remedies (check all that apply)

	When	Did it help?	When was it stopped?
Antihistamines	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Cortisone (oral)	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Cortisone Injections	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Antibiotics	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
-what kind= _____			
Shampoo	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
-what kind= _____			

C) DRUG HISTORY-Continued

Topical Meds _____ Yes No _____

-which ones/when _____

Were there any adverse reactions to any of the above? Yes No

If yes, what were the symptoms? _____

List any other treatments: _____

What is your deworming schedule: _____

Did the horse receive Ivermectin: Yes No

List any other medical problems or drugs that the horse received: _____

D) ENVIRONMENT

1.) Percent of time spent...

Indoors: _____%

Outdoors: _____%

2.) Does this horse travel: Yes No

If yes, where and when: _____

E) FOOD HISTORY

1.) What is this horse fed =List foods with ingredients, treats and human foods:

2.) What additives do you use: _____

F) OTHER

List any additional information you feel is relevant to the skin disease:
