



Hawks Prairie Veterinary Hospital

HAWKS PRAIRIE ALLERGY QUESTIONNAIRE

This questionnaire was created to help you and your doctor determine if your pet has allergies. Pets can be allergic to things in their environment (pollen, grass, dust, molds, etc—pretty much anything we can be allergic to), something in their food or be allergic to the saliva of the flea when it bites(called Flea Allergy Dermatitis).

Pet's Name: _____ Owner's Name: _____ Date: _____

1. Where are the main areas your pet is itchy?

2. Does your pet have issues with the respiratory tract? _____

If yes to any of these, is there a pattern to it (seasonal (which one/s), AM vs PM, any pattern to when your pet has issues?)

- a. Sneezing?

- b. Coughing?

- c. Runny eyes?

- d. "Goopy" eyes?

_____.

3. Has your pet lived in any other area of the country/world? If yes, where and when?

4. Is the problem seasonal? ____ If yes, what month does it start _____ end _____

5. If year round itchiness, are certain months it's worse? ____ What months? _____

6. Is itchiness worse at any specific time of day or night? ____ If yes, what time? _____

7. Doe your pet have ear problems? ____ If yes, did it happen before the skin issues?

8. Is your pet having any abnormal bowel movements (soft stool/diarrhea, gassiness)?

On average, how many bowel movements per day? _____

9. Has he/she been on an elimination diet before, meaning putting him/her on a food they haven't had before for an extended period of time as a food trial? If yes, what type and for how long?

10. How much time does your pet spend: Indoors? _____

Outdoors? _____

11. Where does your pet sleep? _____

12. If you have an outdoor pet, does he/she have access to a garage, a dog/cat house or other enclosed environment? _____

13. What type of material (fabrics, etc) does the pet sleep on?

14. Do you have carpet/upholstery/clothing with wool material? _____

15. Are there other pets in the home? _____ What type/number of pets? _____

16. Are there other pets in the environment(ex: dog next door, neighbor cat that comes on property, etc): _____

17. Are/were there any ants, fleas, cockroaches, or house flies present? _____ Are they occasionally present, or more of a continuous problem? _____

18. Do you use insecticides around the house and/or yard? _____

19. What types of grasses and trees are in the yard or in the pet's access area?

20. Has your pet ever been on allergen immunotherapy injections now or in the past? _____ If yes, how long? _____

21. Does your pet get boarded? Go to doggy daycare? Go to the groomer?

22. Is your pet on any flea and tick preventative? If yes, what product, how often is it used, and do you use it all year round?

23. Have you tried medications for your pet for itching? If yes, which ones, how much do you give(mg strength if you know it) and how often do you give it?

Please rate on a scale of 0 to 10 how effective in terms of stopping the itch the products you used have been(0= not effective at all, 10=very effective, completely stops the itch)

a. Antihistamines(Benadryl®, Zyrtec®, Claritin®, other):

b. Apoquel® _____

c. Cytopoint Injection _____

d. Oral Steroids/steroid combo (prednisone/prednisolone, Temaril P®)

e. Steroid Injection (DepoMedrol®, other) _____