

Immunotherapy Questionnaire

Owner Name: _____ Pet Name: _____

Phone Number: _____ Email: _____

1. Based on the CAVD ITCH SCALE, what would you rate your pet's current itch?

2. Where on the body does your pet itch?

3. How does your pet's allergies symptoms present?

4. Is there anything that you have noticed that makes your pet's allergies worse or better?

5. Are they on any medications? Including tick/flea prevention.

If yes, please provide details of the product(s) given? How often do you give it? When was it last given?

6. Are they on any supplements?

If yes, please provide details of the product(s) given? How often do you give it? When was it last given?

7. What are you currently feeding? Wet and/or dry?

8. Treats?

Immunotherapy Questionnaire (cont.)

9. What shampoo, mousse, or other topical treatments do you use?

Please provide details of the product(s) used? How often do you use them? When was it last used?

10. Do you clean your pet's ears?

If yes, please provide details of the product(s) used? How often do you clean? When was the last time?

11. When do you intend to start immunotherapy?

12. Any travel outside of Winnipeg since the last exam?

13. Is there a certain time of year that allergies seem to be worse?

14. Have you noticed any change in the health or behavior of your pet that coincided with the development of the skin condition? (e.g. changes in food or water intake, changes in urination or defecation, changes in activity level). *If yes, please provide further details.*
