



DERMATOLOGY QUESTIONNAIRE

Owner name _____ Horse name _____ Date _____

Age when purchased _____

What is the horse's use?

What is your complaint about the horse's skin?

Age of horse? _____ Age when skin problem started? _____

Where on the body did the problem start?

What did the skin problem look like initially?

How has it spread or changed?

Is the problem continual or intermittent?

If seasonal, what seasons is the disease present?

Does the horse itch? _____ If so, where?

Do any horses in contact with the affected horse have skin problems?

If so, are they similar or different from this horse's problem?

Do any people in contact with the horse have skin problems?

Do you use insect control? _____ If so, describe

Do any relatives of this horse have skin problems? _____ if yes, explain

Please list any injectable, oral, or topical medications that have been used to treat the problem (veterinary or "home remedies")

Did any help the condition? _____

If yes, which ones? _____

Did any aggravate the condition? _____ If yes, which ones?

Describe the environment where the horse is kept:

Indoors _____

Outdoors _____

Does your horse travel? _____ If yes, where and when?

What is the horse fed now and what has the horse been fed in the past?

What feed additives do you use?

What is your deworming schedule?

Did the horse receive ivermectin?

List any other medical problems or drugs that the horse received

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

List any insect control products utilized on the horse now or in the past.
