

Eye/Ear Problem Questionnaire

Patient Information Label

Doctor: _____

Tech: _____

1. What is the presenting complaint? _____
2. Which eye or ear is having problems? _____
3. How long has it been going on? _____
4. Does pet seem to be experiencing any pain or discomfort? If so, on a scale of 1-10 how much?

5. If an eye problem, Is there any discharge in the eye(s)? If yes, describe: _____
6. If an ear problem, Is there any dirt or debris in the ear(s)? If yes, describe: _____
7. Is pet scratching or pawing at eyes or ears? _____
8. If an eye problem, is there any way your pet may have been scratched on/near its eye(s) recently? (I.e. was playing with other dog, got into fight, cat swatted at face, etc.) _____

9. Does pet have any known allergies? _____
10. Has pet been in contact with any kind of irritants recently? (I.e. pesticides, lawn treatments, paint, hairspray/perfume, etc.) _____
11. Does your pet swim? If yes, how often? _____
12. Has your pet been bathed or been to the groomer recently? _____
13. If an ear problem, how often do you clean the ears, and what do you clean them with?

14. Is your pet currently on any medications? If yes, list:

15. Is your pet kept indoors, outdoors, or both? _____
16. What is your pet's current diet? (Be specific, list treats, people food, etc.)

17. Has pet been around any new animals, or brought to a new environment recently?

18. If an ear problem; does the skin in the ears appear thickened/leathery? _____