



TEXAS A&M UNIVERSITY

Veterinary Medical Teaching Hospital

Equine Dermatology History

Please fill out this questionnaire as completely as possible to help us better understand your horse's skin problem(s).

Today's Date:

Client Name:

Pet Name:

Appointment Date:

How old was the horse when purchased?
Where was the horse obtained (including state)?
Has your horse always lived or traveled in Texas?
Describe the use of the horse.
Describe your horse's skin problem(s). What prompted you to seek veterinary attention?
At what age did you first notice the problem(s)? Was the onset <input type="checkbox"/> Gradual or <input type="checkbox"/> Sudden ?
What did the problem(s) look like at the start? Was 'itching' the first sign that you noticed?
Where on the body did the problem(s) first begin?
Has the problem(s) spread or changed in appearance? If so, describe.
How often does the problem occur?
Does the horse <input type="checkbox"/> Lick <input type="checkbox"/> Chew <input type="checkbox"/> Rub or <input type="checkbox"/> Scratch? If so, where on the body?
Is the problem(s) currently <input type="checkbox"/> Seasonal or <input type="checkbox"/> Year-round ? If year-round, was it seasonal at the start? <input type="checkbox"/> Yes <input type="checkbox"/> No
If the problem(s) is seasonal , which season is the worst? <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter
If the problem(s) is year-round , is any season(s) worse than others? <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter
Is the problem(s) worse after exercise?
Does the problem(s) interfere with riding or working of the horse?
Is there any nasal discharge, sneezing, coughing, or difficulty breathing?
Are you aware of relatives of the horse having similar problems?
Are the same combs/brushes or tack used on multiple horses?
Have any people in the household/barn developed skin problems since your horse was affected? <input type="checkbox"/> Yes <input type="checkbox"/> No
Which is the horse kept in: <input type="checkbox"/> Pasture <input type="checkbox"/> Stall <input type="checkbox"/> Stall and Pasture <input type="checkbox"/> Paddock <input type="checkbox"/> Other facilities
If stalled, what type of bedding is used? <input type="checkbox"/> Straw <input type="checkbox"/> Sawdust <input type="checkbox"/> Corn cobs <input type="checkbox"/> Not applicable <input type="checkbox"/> Wood Shaving (List type) <input type="checkbox"/> Other
How often are the stall's cleaned? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Every other week <input type="checkbox"/> Monthly <input type="checkbox"/> Not applicable <input type="checkbox"/> Other _____
Is there a pond, stream, or standing water near the premises?
Describe the horses diet. Please indicate the brand (if applicable) and amount fed per day. <u>Commercial sweet feed</u> <u>Commercial pellets</u> <u>Oats (if fed separately)</u> <u>Corn (if fed separately)</u> <u>Grain</u> <u>Hay</u> <u>Alfalfa</u> <u>Treats</u> <u>Supplements/additives</u>
Do you feed hay on the ground or in racks?
Is hay given wet or dry?



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Does the diet change with the season or use of the horse? Explain.

Describe the type of insect control measures (e.g., sprays, blankets, fans) used. How often are these used?

What previous treatments (e.g., injectable, oral, topical) have been given (name, dosage, duration)? Please include veterinary prescribed and home remedies.

Steroids

NSAIDs (e.g., "Bute")

Antihistamines (e.g., hydroxyzine)

Antibiotics (e.g., TMS)

Insecticides (topical/oral)

Topicals

Other

Did any treatments help the problem(s)? If yes, which ones?

Did any treatments aggravate the problem(s)? If yes, which ones?

List any medication the horse is **currently** receiving.

What is your deworming schedule? What product(s) is used?

List any other medical problems.

Provide any additional information you believe is relevant to the horse's skin problem.

Client Signature

Date



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