

Ear Infection

Pet's Name _____ Date ____/____/____

Current Email _____ Cell Phone _____

Itching Rating 1 2 3 4 5 6 7 8 9 10
Occasionally Constant Itching
That Interrupts Sleep/Eating

Is this your pet's first ear infection? Yes No

If treated at another veterinarian's office, please list medications used _____

How did it respond? _____

What is your pet's diet? _____ Dry Canned

Is your pet shaking their head or scratching at their ears? Yes No

Is your pet chewing at their feet? Yes No

If yes, is your pet licking anywhere else? _____

Which ears are affected? Left Right Both

Have you been seeing any fleas or ticks on your pet? Fleas – Yes No Ticks – Yes No

Is your pet on any flea or tick preventative? Yes No

If yes, which one? Frontline Revolution Trifexis
Other _____

Do you routinely clean your dogs ears? Yes No

If so, what products do you use? _____

Does your pet have allergies? Yes No

If so, how often do they occur? Year Round Seasonal

What are the treatments for allergies you have tried in the past? _____

Is your pet on medication for allergies? Yes No

Which medications? _____