Questionnaire about your dogs's hair loss

Race				
Date of birth				
Gender	О	Female	О	Male
Castrated	О	Yes	О	No
How old was your dog				
when the hair loss				
started?				
In which location did it				
start?				
Where is your dog	Pla	ace:		
missing hair now?	О	Symmetrical		
C	О	Non- symmetrical		
What coat colour(s) does		,		
your dog have?				
What is the colour of the	1			
hair at the affected areas?				
How does the skin	0	Normal		
underneath look like?	O	Darker/heavier pigmented		
	O	More blackheads		
	Ö	Thinner (blood vessels are vi	sible	2)
	O	More sheds	0.0.0	'
	O	Inflammation (pustule, red sp	ots)	
	O	Further:	0.0)	
Does your dog show	0	No		
itching (scratching, biting,	0	Yes, in the following situation	٥.	
) in the affected areas?		res, in the following situation	ιο.	
Has the hair ever grown	 			
back spontaneously?				
Time of hair loss	О	Spring	0	Cycle-dependent
Time of Hall 1033	0	Summer		(unspayed bitches)
	0	Autumn	О	Not cycle-dependent
	0	Winter	o	Connection with giving birth
	o	Not seasonal		Connection with giving birth
Do you treat your dog	0	No		
regulary against fleas and	0	Yes, with:		
ticks?		163, Witti.		
Have you checked with	О	No		
your vet about the hair	_			
loss?	o	O Skin biopsies O Blood tests (general)		
1033 :	0	ACTH stimulation test		
	0	Thyroid hormones (cTSH/T4)	,	
	_	Thyroid hormones (T4)	'	
	0		ırino	
	O Cortisol/creatine level in the urineO Dexamethasone suppression test in urine (test for Cushing's)			
	0	• •		· · · · · · · · · · · · · · · · · · ·
	О	Dexamethasone suppression Cushing's)	1 162	till the blood (test for
		· · · · · · · · · · · · · · · · · · ·		
	O Estrogen measurement O Ultrasound of the abdomen			
	0	CT scan		
	0	MRI scan		
	0	More:		
Results of the	1	MOIG.		
investigations				
(we would like to have a				
copy (pdf) of it)				
oopy (pai) or it)	1			

\sim	No
0	No Year with
O	Yes, with:
	O Castration (surgical) (m/f)
	O Chemical castration (CHIP/implant) or Suprelorin
	(implant for male dogs)
	O Suppression of the cycle with one injection
	O Melatonin
	O Trilostane (Vetoryl®)
	O Levothyroxine (Forthyron®)
	O Local oil/cream
	O Additional fish oil/other oils in the feed
	O Microneedling
	O Laser therapy
	O More:
0	No
_	
_	Yes, a little
	Yes, completely
_	No
О	Yes, where?
	when?
О	No
О	Yes:
О	No
О	Yes, with:
	0 0 0 0 0 0 0 0 0

If you can send in photos, that would be very helpful. For an optimal overview, we would be glad if you could send in photos according to the example (see below).

Thank you for taking the time to complete this questionnaire.

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The undersigned hereby gives his/her consent to the use of the data and any photographs for the publication of this study and / or for educational purposes.

Place:	Date:
Signature:	

Please send the questionnaire as a PDF file by e-mail or by post to:

Dr. med. vet. Sarah Kiener: sarah.kiener@vetsuisse.unibe.ch

Institut für Genetik Universität Bern Bremgartenstrasse 109a CH-3001 Bern Example photos





Shot from both sides



Top view



Close-up view of the hair loss