



1-877-604-8366
www.dermatologyforanimals.com

NEW CLIENT FORM

Thank you for giving us the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

Owner # 1: _____ Owner # 2: _____

Address _____ City _____ St _____ Zip _____

Home Phone: _____ Cell: _____ Work: _____

Email Address: _____

May we contact you by Cell and/or Email: Yes ☐ No ☐ How did you hear about us? _____

Your email address will not be shared with advertisers

Referring Veterinarian: _____ Veterinary Hospital: _____

PET INFORMATION

Please complete the following for the pet we are seeing today:

Name of Pet: _____ Dog/Cat/Other: _____ Breed: _____

Age/DOB: _____ Sex: _____ Color: _____

Known Drug Allergies: _____

Medications your pet is taking now: _____

Other Pets in the Household:

Name: _____ Species: _____ Breed: _____ Age: _____

Name: _____ Species: _____ Breed: _____ Age: _____

All Fees Are Required to be Paid in Full upon Completion of the Visit. Most examinations will also include a cytology and/or skin scraping fee, which is in addition to the examination fee.

■ I authorize and direct the veterinarians at Dermatology for Animals to diagnose, prescribe, perform therapeutic procedures, and/or surgery that their judgment may dictate to be advisable for the patient's well being. NO warranty or guarantee has been made as to the result or cure. **Dermatology for Animals is not a 24-hour facility.**

■ In the event any balance due hereunder is not paid as agreed, the undersigned jointly and severally agree to pay all cost included in said unpaid balance, including a reasonable collection and/or attorney's fees.

■ I authorize Dermatology for Animals to take my credit card number over the phone to pay for any refills needed. I understand once processed, my credit card number and associated numbers will be shredded.

■ Dermatology for Animals requests you give us **24 hours notice of cancellation** of your appointment so we may offer the time to another client. If this notice is not given or you do not show up for your scheduled appointment: you will be required to prepay for all future appointments.

Signature of Owner _____ Date _____

I authorize Dermatology for Animals to use photos or case information for educational and/or printed materials without compensation or approval rights.

Initial _____



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Patient History

Date: _____

Client: _____

Patient: _____

Breed: _____ Color: _____ Age: _____ Sex: _____

Place of adoption and age when adopted: _____

Has your pet always lived in this state? _____

My pet is coming to the dermatologist because: _____

At what age did skin or ear problems FIRST start? *Please include the earliest time that you noticed any problems, even if it was during a prior year.* _____

Is/was the problem originally worse during any time of the year? If yes, what months or seasons? _____

Please rate your pet's current level of itching on a scale of 1-10 (10 being the itchiest.) If your pet's problem varies throughout the year, please give a score at the various times.

Do you know of any person or animal with a rash or itch, who is in contact with your pet? _____

Has your pet ever been diagnosed with a resistant skin infection (i.e. MRSA)? _____

Are there any other pets at home which your pet is exposed? This includes birds, hamsters, ferrets, the dog parks, day care, visitors, horses, stray cats, boarding facilities, grooming facilities, etc. _____

Does your pet stay at any different houses? If yes, does the skin problem worsen/improve/ or remain the same? _____



My pet chews-rubs-licks-bites: (circle all that apply)

Front paws ☐ Rear paws ☐ Chin ☐ Eyes ☐ Right Ear ☐ Left Ear ☐
Neck ☐ Elbows ☐ Back ☐ Belly ☐ Ankles ☐ Armpits ☐ Tail ☐
Rump ☐ Lowerback ☐ Scoots rear end on ground ☐

What kind of food does your pet eat (dry vs. canned, brand if known)? _____

Has your pet's diet ever been changed to a hypoallergenic diet? If so, how long did your pet eat this diet? Were other food, treats and flavored medications withheld during this time? _____

What kind of treats/bones do you give your pet? _____

If feline: What kind of litter does your cat use? _____

Are you currently using flea preventative for your pet? If yes-what kind and how often do you administer it? _____

Are you currently administering heartworm preventative? If yes-what kind, and do you give it year-round or seasonally? _____

Please list any medications that you have tried (or are currently using) for this problem. If possible, please list the dose and duration and note if any of the medications were used at the same time. Please include **shampoos, sprays, lotions, ear drops, ear cleansers, medications by mouth.**

Medication	Duration	Response	Side Effects
<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>

Please note if you have any difficulty:

- ☐ Bathing your pet
- ☐ Giving medications by mouth
- ☐ Applying medications
- ☐ Other:

Besides the skin problems, is your pet experiencing any other problems?

Any vomiting? If yes, how often? _____

Any diarrhea? If yes, how often? _____

Any coughing? If yes, how often? _____

Any sneezing or discharge from the nose? _____

Any discharge from the eyes? If yes, which eye? _____

Has your pet's water drinking or number of urinations per day, or amount urinating changed recently? If yes, in what way? _____

Has your pet's energy level decreased? _____

Has your pet experienced any unexpected weight loss or weight gain? _____

Thank you for spending your time to answer these questions. Please feel free to add any other information that you feel may be helpful to us in treating your pet.



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Client Name: _____ Pet Name: _____

Consent Form for Use of “Extra-Label” Pharmaceuticals

The Food and Drug Administration (FDA) oversees the licensing of pharmaceuticals for humans and animals. Many drugs that have been approved for use in humans and/or some animals have also been proven to be safe and effective in species for which the drugs are not labeled. Drugs are considered to be used in an “extra-label” manner when a FDA-approved drug is used to treat a different species than it was approved for.

Extra-label use does **not** include the use of experimental drugs or drugs manufactured in foreign countries that have not been approved by the FDA. Despite this lack of FDA approval, it may be necessary to occasionally use such drugs when no other effective options exist.

All drugs can potentially cause harmful side effects, including death. The drugs that will be used for your pet at Dermatology for Animals have been safely used in individuals of the same or related species. When a drug must be used to treat an unusual disease or an unusual species, effectiveness and safety can be difficult to predict. You will be advised when your pet has been prescribed a medication that has not been given to a significant number of individuals of a similar species with a similar medical condition.

I have read and understand the above policy on the use of extra-label pharmaceuticals. I authorize the staff at Dermatology for Animals to administer and prescribe extra-label drugs for my pet. I understand that any drug, including those that are used in an extra-label manner, can produce undesirable side effects. Thus, I acknowledge that it is my responsibility to administer prescribed medications for my pet as directed and to notify my veterinarian of any apparent side effects or complications.

Signature of Owner/Agent: _____ Date: _____

Dermatology for Animals