DERMATOLOGY FOR ANIMALS

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

EMAIL

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 6 following pages.

PetParent,#1_____ PetParent,#2:_____

Address:_____ City:_____

State:_____ Zip:_____ Cell#: _____ Work #:_____

Home#: _____ Email Address: _____

Which phone number would you like as the primary contact on file? cell____ home____ work____

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

Your email address will not be shared with advertisers ie: friend/online/family veterinarian/website/etc.

Name of Pet:_____Pet Nickname: _____

Referring Veterinarian(s):_____

and/or Veterinary Hospital: _____

Other Veterinary Specialists/Veterinarians your pet has seen:_____

_____

_____

Which veterinarian/office would you like us to send a copy of your pets visit update? _____

_____

- **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: _____

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

Consent Form for Use of "Extra-Label" Pharmaceuticals

PATIENT: _____ CLIENT:_____

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 or Agent:_____ Date:_____

Patient History

Date: _____

Client: _____ Patient: _____

Breed:_____Color:_____ Age:____Sex:_____ Spayed:___ Neutered:___

Place adopted:_____ Age adopted:_____ How long have you had your pet:_____
Has your pet always lived in this state? Yes:___ No:___ If no, list other places pet lived:
_____

How is your pet feeling? Briefly describe:_____
_____
What brings your pet in to see us today: _____

At what age did skin/ear or other problem(s) FIRST start? _____ Earliest time that you noticed any problems?_____ What did the health concern look like in the beginning? _____
_____
_____

Is/was the problem originally *worse* during any time of the year? Yes:___ No:___
If yes, which months or seasons? _____
If no, when is your pet symptom free?_____

Current Itch Level? Itchiness = licking, chewing, biting, rubbing, rolling, scratching and scooting. Scale of 1-10 (10 is the itchiest.) ___ /10.

If your pet's problem varies throughout the year, please give a score at the various times.
_____
Any person(s) in household affected? Yes:___ No:___ Any other pet(s) in household affected? Yes:___ No:___ If yes, explain: _____

Has your pet ever been diagnosed with a resistant skin infection (i.e. MRSA/MRSP)? Yes:___ No:___
If yes, please explain:_____

Does your pet stay at any different houses? Yes:___ No:___ If yes, does the skin problem worsen/improve or remain the same?_____

My pet chews-rubs-licks-bites: (Place X next to all that apply)

Front paws ___	Back paws ___	Chin ___	Lips ___	Face ___	Eyes ___	
Right Ear ___	Left Ear ___	Neck ___	Tail ___	Rump ___	Elbows ___	
Armpits ___	Front Legs ___	Belly ___	Chest ___	Ankles ___	Nose ___	
Lowerback ___	Back Legs ___	Prepuce ___	Anus ___	UpperBack ___		

What food is your pet *currently* eating (dry vs. canned, brand & protein source or flavor)?

_____

Has your pet ever been fed a *veterinarian prescribed* hypoallergenic diet? yes:___ no: ___
If yes, which diet: _____ How long did your pet eat this diet? _____ Were other food, treats and flavored medications withheld during this time? yes:___ no:____ If yes, how long were these items withheld? _____

If other pets are in the house, are any on a special diet? Yes:___ No:___
If yes, which diet:_____

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

_____

Medication List: Please list current and previous medications. If possible, please list the dose and duration and note if any side effects. Please include topical treatments, *shampoos, sprays, lotions, ear drops, ear cleansers, medications by mouth.*

Current Medication:

Name & Dose	Frequency	Side Effects

Previous Medications:

Name & Dose	Frequency	Side Effects

Are there any other pets at home which your pet is exposed? Yes:___ No:___
(This includes birds, hamsters, ferrets, the dog parks, day care, visitors, horses, stray cats, boarding facilities, grooming facilities, etc.)_____

Other pets in household:
Name: _____ Dog/Cat:_____ Breed:_____ Sex:_____
Name: _____ Dog/Cat:_____ Breed:_____ Sex:_____
Name: _____ Dog/Cat:_____ Breed:_____ Sex:_____

How much time does your pet spend outside: _____ % inside: _____ %
Does your pet like to sunbathe: Yes:___ No:___ If yes, how often:_____

Are you currently using flea preventative for your pet(s)? yes:___ no:___
If yes, what kind?_____ How often do you give?_____

Are you currently administering heartworm preventative? yes:___ no: ___
If yes, what kind? _____ How often do you give? _____

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

How often do you bathe your pet? _____

Would you be able to bathe weekly if needed? yes:___ no:___

Which shampoo(s) do you use: _____

Please note if you have any difficulty:

___ Bathing your pet
___ Giving medications by mouth
___ Applying topical medications
___ Instilling ear medications
___ Touching your pets feet
___ Withholding treats

Other:_____

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

Any vomiting? Yes:___ No:___ If yes, how often? _____

Any coughing? Yes:___ No: ___ If yes, how often? _____

Any sneezing or discharge from the nose? Yes:___ No:___
If yes, please explain:_____

Any discharge from the eyes? Yes:___ No:___
If yes, which eye(s)? _____

Has your pet's water drinking or number of urinations per day, or amount urinating changed recently? yes:___ no:___ If yes, in what way? ____

____

Has your pet's energy level decreased? yes:___ no:___
If so, when did this start?____

Has your pet experienced any unexpected weight changes? Yes:___ No:___

Weight Loss:___ Weight Gain: ___ Please explain:____

Clinical Signs: (Place X next to all that apply)

Shaking head/ears	____	Ear odor	____	Ear redness	____
Overgrooming	____	Scooting	____	Dandruff	____
Greasy hair/skin	____	Hives	____	Swollen lips	____
Painful skin	____	Rashes	____	Pimples	____
Open sores	____	Dark Skin	____	Thickened skin	____
Raised bumps	____	Blackheads	____	Elephant skin	____
Round/scald patches	____	Raw skin	____	Pink/red skin	____

List any additional symptoms or clinical signs that are not listed above:

____

____

____

Have you noticed any GI issues? (diarrhea, vomiting, flatulence, burping, etc) yes:___ no:___
If yes, describe? ____

____

Have you noticed any GI upset or skin issures with particular foods/proteins? yes:___ no: ___
If yes, please explain what food it was and what did you see? _______________________________

____

____

How often does your pet have bowl movements in a day? _______x/day.

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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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