



DERMATOLOGY FOR ANIMALS

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 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 ___
 Lower Back ___ Back Legs ___ Prepuce ___ Anus ___ Upper Back ___

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, dog parks, day care, visitors, horses, stray cats, boarding facilities, grooming facilities, etc.)_____

Other pets in household:

Name: _____ Dog/Cat: _____ Breed: _____ Sex: _____

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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 _____ Instilling ear medications

___ Giving medications by mouth _____ Touching your pets feet

___ Applying topical medications _____ 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	___	Scotting	___	Dandruff	___
Greasy hair/skin	___	Hives	___	Swollen lips	___
Painful skin	___	Rashes	___	Pimples	___
Open sores	___	Dark Skin	___	Thickened skin	___
Raised bumps	___	Blackheads	___	Elephant skin	___
Round/scaly 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 issues 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 bowel movements in a day? _____x/day.

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.
