



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

DERMATOLOGY FOR ANIMALS

### 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 the 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 including said unpaid balance, and 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, a \$75 fee will be charged to our account. This will need to be paid as well as a prepaid exam when you schedule your next appointment.

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.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_



## 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

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.



---

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

---

CLIENT NAME: \_\_\_\_\_ PATIENT: \_\_\_\_\_

### **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 or Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Dermatology for Animals