

Welcome to Vet Allergy & Dermatology

On your first visit with us, please make sure you have set aside enough time. Our new patient visits usually last about 60 minutes. **PLEASE DO NOT BATHE YOUR PET WITHIN 96 HOURS OF THE APPOINTMENT TIME.**

We hope you enjoy and learn from your appointment with us. Please let us take a moment to explain some things unique to our practice:

1. We ask a lot of questions.

Up to 80% of our ability to diagnose your pet's problem lies in your pet's history. Often our technician asks questions before the doctor comes in to assist with "history gathering."

2. We will get to know each other.

Most skin and ear problems are not curable, but they are manageable. It takes time and effort to determine the cause(s) and best therapy for your pet. We will request follow up visits for the well being of your pet to make sure we recommend appropriate therapy and monitor for any adverse effects from medications.

When your pet's problems are controlled, depending upon the therapies needed, we will require an exam every 12 months to refill medications.

3. We will require updates on your pets' progress from you.

It is essential that we know how pets are responding to treatments so we will ask you to call or email to give us updates on their progress.

Most skin / ear problems are incurable and are related to immune system alterations. Everyone's immune system is a little different, so your pet will have "ups and downs" in control. We encourage you to contact us when this happens so we can give you advice needed to deal with the issues and decide if we should see the pet. Our goal is to minimize the ups and downs and to train you how to deal with these flares, but we still need to be kept in the loop. The techs and assistants handle 95% of the phone calls, often relaying information to and from the doctor.

Things to bring with you to the appointment

Besides yourself and your pet, please bring any medications that your pet is currently taking or has recently finished, and the brand names of any foods, supplements and treats that you have been using. Topical medications such as ear or eye ointments, shampoos, conditioners, wipes, etc. are included in this. If you have been feeding a prescription diet, please bring the exact name of the food with you. Also, if you have been keeping calendars regarding your pets skin condition or treatments bring those with you as well. A complete history will help us to better serve your pets' individual needs.

We look forward to helping you improve your pet's quality of life.

The Staff of Veterinary Allergy & Dermatology

Veterinary Allergy and Dermatology Services
Client and Pet Information Sheet

Date _____
Your Name _____ Spouse / Partner _____
How do you like to be addressed? _____
Home address _____
City _____ St _____ Zip _____
Email address: _____

It is often easier and faster for us to email you for patient updates. Your responses go directly into your pets medical record so there is less chance of miscommunication. Phone calls are best for urgent, complicated or immediate issues.
How do you prefer we contact you:

EMAIL / PHONE (Preferred) _____

Appointment reminders: EMAIL/PHONE/TEXT (Preferred) _____

Mailing address (if different) _____

Home # _____
Your Work # _____ Partner's Work # _____
Your Cell # _____ Partner's Cell # _____

PET INFORMATION

Pet's Name _____ Breed _____
Color _____ M / F Spayed/Neutered Y / N
Birthdate _____ Special Markings _____

Who is your primary care veterinarian / vet clinic?

Who may we thank for referring you to us?

Payment is requested at the time of services. If you would like an explanation or estimate of charges for procedures done during your visit, please feel free to ask.

Signature _____

Dermatology Patient Questionnaire

The information requested below is a very important part of your visit with us. Please fill out and bring with you to the appointment. We will be asking questions regarding the following information:

Your name: _____ Pet's name: _____

Age of pet when acquired: _____ Pet's age when problem started (approx): _____

What symptoms is your pet showing (such as itching / licking biting self, odor, ear infections, scale, hair loss etc)?

What areas of the body are affected by these symptoms?

nose muzzle eyes ears neck feet chest back legs rump tail belly
armpits inner rear legs anal area Other _____

Was itching the first problem? (please circle) Y N If no, what was the first symptom: _____

Have your pet's symptoms changed? Y N If yes, how? _____

Is the condition: Seasonal? Y N (If Y, when? _____) Continuous? Y N Episodic? Y N

If the problem is now continuous, was it *initially* seasonal? Y N

What percent of time is pet indoors? _____ Outdoors? _____

For cats: what type of kitty litter do you use (if applicable)? _____

What other pets are present in your home (dogs, cats, birds, etc)? _____

Are any other pets also affected: Y N If yes, please explain: _____

Do any people in the home have skin problems? Y N If yes, describe: _____

Does your pet go to groomers, daycare, dog parks, etc regularly? Y N Other: _____

Has your pet ever been fed a prescription hypoallergenic diet? Y N If so, how long did your pet eat this diet? _____. Were other foods, treats, flavored medications stopped during this time? Y N

Has your pet always lived in this area? Y N If no, where else? _____

Has your pet traveled to other areas of the country or out of the country? Y N If yes, where? _____

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

Please note if you have any difficulty: Bathing your pet Giving medications by mouth Applying medications Other: _____

Does your pet have any other medical issues? _____

**Veterinary Allergy & Dermatology Services
Financial Policy**



Thank you for choosing our office for your pet's allergy and dermatology care. Our practice offers you and your pet excellent care, assists in maintaining your pet's wellness, and provides a variety of ancillary services geared to make you and your pet happier and more comfortable. Of course, the services that we provide do come with an associated cost. We hope that financial considerations will not be an obstacle to offering the best level of care to your furry family member. We are always available to answer your questions or to assist you in any way that we can. The information in this form is to further communicate to you the variety of payment options that we offer to ensure that cost of care is not a barrier to the quality of care.

For you and your pet's benefit:

- At your request a treatment plan or estimate will be provided prior to providing of services.
- All of our fees are due and payable at the time that treatment is rendered.
- We accept the following forms of payment:
 - Cash
 - Check
 - Most major credit cards (Visa, Mastercard, Amex, Discover)
 - Care Credit (ask us for more information)
 - Scratchpay (visit Scratchpay.com for more info)

We believe in the value of clear communication as well as mutual understanding and respect.

We believe that our clients would like to know and understand our financial guidelines in advance of their pet's treatment.

We are happy to discuss the treatment plan and our practice guidelines with you at anytime.

To be able to offer the level of care and service that we do, we cannot deviate from these outlined policies.

By signing below, you indicate that you understand and agree to these financial guidelines.

Signature of client

Date

Staff member: _____