

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 \_\_\_\_\_

**CONTACT INFORMATION**

Email address: \_\_\_\_\_

It is often easier and faster for us to email you for patient updates. Your responses go directly into your pet's 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 # to call: \_\_\_\_\_)

Appointment reminders (circle one) EMAIL/TEXT/PHONE (# to text or call: \_\_\_\_\_)

Mailing address (if different) \_\_\_\_\_

Home Phone \_\_\_\_\_

Your work phone \_\_\_\_\_ Spouse/partner's work phone \_\_\_\_\_

Your cell phone \_\_\_\_\_ Spouse/partner's cell phone \_\_\_\_\_

**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 us for this.

Signature \_\_\_\_\_

## 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 48 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 medical 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.

When your pet's problems are controlled, depending upon the therapies needed, we will require an exam every 6 to 12 months to refill medications. This is for the well-being of your pet to make sure we recommend appropriate therapy and monitor for any adverse effects from medications.

### 3. We will need periodic updates and progress exams.

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. Rechecks will be essential and will allow us to manage these ups and downs and to provide better service for you and your pet.

## 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. 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

## 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): \_\_\_\_\_

"My pet is coming to the dermatologist because" ... \_\_\_\_\_

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](http://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: \_\_\_\_\_