



Your First Appointment at Animal Allergy & Dermatology of Colorado

1. Please arrive 5 minutes prior to your appointment so that we may verify information about you and your pet.
2. Please make a list or bring all medications, topical therapies and supplements that are currently being used for your pet.
3. Please DO NOT bathe your pet for at least 3 to 4 days prior to your appointment.
4. Please do not apply any medications to the skin or into the ears for 24 to 48 hours prior to your appointment.
5. Your pet's current diet and ingredients may also be beneficial to review.
6. Unless otherwise requested, Animal Allergy & Dermatology will contact your referring veterinarian for current medical history regarding your pet. This allows us to establish communication with your regular veterinarian and in some cases alleviates the burden of running duplicate tests. Please bring any additional records you feel would be valuable for the doctor to review.
7. Your first appointment will take 45 minutes to an hour. At the completion of the exam you will be provided instructions for your pet's care and your veterinarian will receive a detailed report on our exam within 24 hours of your appointment.

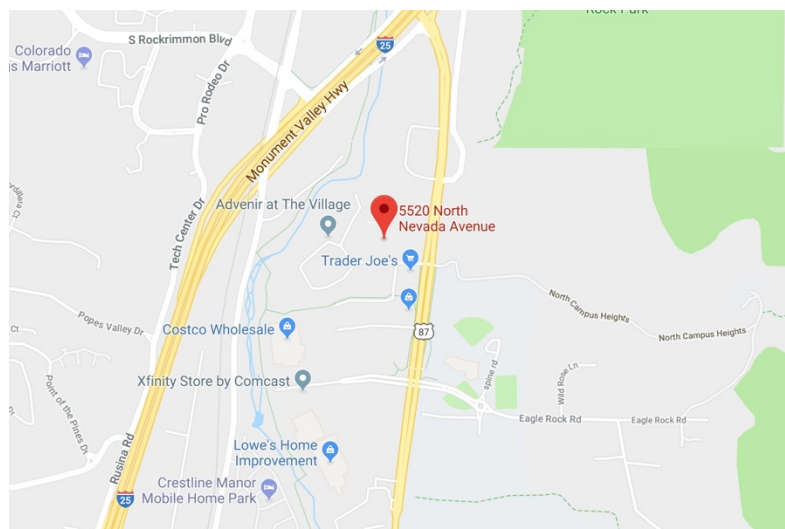
We are located at **5520 North Nevada Avenue Suite 100, Colorado Springs, CO 80918**. We are located inside of the **Veterinary Specialty Center** building next door to Southern Colorado Veterinary Internal Medicine. Please use the left door that says "Dermatology" on it.

Directions from I-25 North

- Continue South on I-25
- Take exit 148 toward N. Nevada Ave/ Corporate Dr / Rockrimmon Blvd
- Continue for 0.44 miles
- Turn left onto Corporate Drive/N. Nevada Avenue
- Continue for 0.6 miles
- Turn right on to North Campus Heights
- Destination will be on the right at 5520 North Nevada Avenue

Directions from I-25 South

- Continue North on I-25
- Take exit 148 Rockrimmon Blvd /Corporate Dr / N. Nevada Ave
- Turn right on North Nevada Avenue
- Continue for 0.6 miles
- Turn right on to North Campus Heights
- Destination will be on the right at 5520 North Nevada Avenue





CLIENT INFORMATION

Owner Name _____ Co-Owner name _____

Address _____ City/State _____ Zip _____

Primary Phone _____ Is this a mobile number? **Yes/No**

Co Owner Phone/Secondary _____ Is this a mobile number? **Yes/No**

Primary Email _____ Co Owner/Secondary Email _____

Employer _____ Co Owner Employer _____

How did you hear about us? _____

Who is your primary veterinarian? _____ Veterinary Clinic _____

Other veterinarians or clinics involved in your pets care _____

What is your preferred method of contact? Email / Home Phone / Work Phone / Text

PATIENT INFORMATION

Patient Name _____

Breed _____ Gender _____ Color _____

Date of Birth/Approximate Age _____ Is your pet spayed/neutered **Yes/No**

Age of pet when acquired _____

Where was pet acquired from? _____

DERMATOLOGY HISTORY

Briefly describe your pet's problem _____

What areas are affected? (Circle all that apply)

Nose / Paws / Eyes / Right Ear / Left Ear / Neck / Elbows / Back / Rump / Tail / Front Paws / Back Paws / Front Legs / Back Legs / Chest / Abdomen / Groin / Other: _____

Is there a time when the problem is less severe? **Yes/No** If so, when? _____

At what age did the problem first start? _____

Does your pet's problem seem to be seasonal? **Yes/No** If so, when? _____

Please rate your pet's current level of itch on a scale of 0 - 10 (10 being the highest) _____

Please list any medications that you have tried **in the past** for this problem, including shampoos, sprays, lotions, ear flushes, essential oils, supplements, etc. Please include duration, response and side effects: _____



Is your pet currently being treated or has your pet ever been treated for a **skin** or **ear infection**? **Yes/No** If so, please list medication name (if known) and when it last used or prescribed. _____

Is your pet **currently** on any medications? _____

Do any seem to help? _____

Has your pet ever had seizures? **Yes/No** Please explain. _____

Any recent appetite changes? **Yes/No** Please explain. _____

What is your pet's regular diet? (dry, canned, brand) _____

What treats, vitamins, or supplements does your pet receive? _____

Has your pet's diet ever been changed to a hypoallergenic diet? **Yes/No** Please explain. _____

If yes, how long did your pet eat the diet, and were other food/treats/flavored chew toys withheld during this time? _____

Any recent weight changes? **Yes/No** Please explain. _____

Has your pet been vomiting? **Yes/No** Please explain. _____

Has your pet had any diarrhea? **Yes/No** Please explain. _____

Has your pet been coughing? **Yes/No** Please explain. _____

Has your pet been sneezing? **Yes/No** Please explain. _____

Any eye or nasal discharge? **Yes/No** Please explain. _____

Is your pet mostly Indoors / Outdoors / Both ?

Where/When do you feel your pet's symptoms are worse? Indoors / Outdoors / Night / Morning

Is your pet currently on heartworm, flea/tick preventative such as Revolution, Sentinel, K9 Advantix, Frontline, Advantage, Other: _____

Please note if you have difficulty with any of the following: Bathing your pet / Giving medications by mouth / Applying Medications

Does your pet have any other health issues? **Yes/No** Please explain. _____

Is your pet aggressive or fearful around strangers? **Yes/No** Please explain. _____

Do you have other pets in your household? Please include name, species, age, and weight: _____

Do any of your other pets have skin problems? _____

Do any members of your household have any unexplained skin problems? **Yes/No** (Rash, itch, ringworm, etc?) _____



PRACTICE POLICIES

For your protection, and that of others pets should be properly restrained by a leash or carrier upon arrival and at all times during your visit.

I authorize and direct the veterinarians of Animal Allergy and Dermatology of Colorado 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 the result or cure.

I understand that the fee for an initial examination is \$145 and that any skin scraping and/or cytology samples taken during my appointment are not included in the price of my exam. These samples are taken to aid in the diagnostics and treatment of your pet _____ initials

I understand that Animal Allergy and Dermatology of Colorado is an independently owned and operated business, separate from the other businesses located within the Veterinary Specialty Center campus. If any of these other businesses provide services to my pet, I am responsible for paying any fees incurred with them _____ initials

I understand that payment is ALWAYS DUE IN FULL at the time of service. In the event of any balance due I understand that my account may be sent to collections and will be responsible for all finance charges, collection and or attorney fees _____ initials

I authorize Animal Allergy & Dermatology of Colorado 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 _____ initials

RECORDS AND MEDIA RELEASE

I give my authorization to release medical records and exam reports to my primary veterinarian as it pertains to my pets' course of treatment _____ initials

We utilize case pictures for teaching purposes, promotional material, and social media. May we have your consent to utilize photographs, audio recordings, and/or video recordings taken during your visit? Your name and personal information will never be shared. Understand that any such photographs, audio and/or video recordings become the property of Animal Allergy & Dermatology of Colorado _____ initials

If you must cancel an appointment we ask for 24 hours notice. For surgical appointments we ask for 48 hour cancellation notice. A late cancellation or frequent cancellations may result in a fee being applied to your account.

Owners Signature _____ Date _____