



## CLIENT INFORMATION

Owner Name \_\_\_\_\_ Co-Owner name \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Co Owner Phone/Secondary \_\_\_\_\_

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

If you would like text message notifications, who is your cell phone provider? \_\_\_\_\_

## 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 1- 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** 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 species, name, 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 \$135 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 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 \_\_\_\_\_



## Consent 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 an FDA approved drug is used to treat different species, different indication, different dosing, or different route of administration 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 in some extreme cases to occasionally use such drugs when no other effective options exist.

All pharmaceutical drugs can potentially cause harmful side effects, including death. The drugs that will be used for your pet at Animal Allergy & Dermatology of Colorado have been safely used in individuals of the same or related species. When a drug must be used to treat an unusual disease or unusual species, safety and efficacy 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 at. I authorize the the staff at Animal Allergy & Dermatology 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. I acknowledge that it is my responsibility to administer any and all prescribed medications for my pet as directed by my veterinarian, and to notify Animal Allergy & Dermatology of any apparent side effects or complications.

\*All of the above sounds pretty intimidating and scary right? Well here is the doctor summary for cliff notes. The FDA is a busy place, and often pet medications are overlooked. As veterinarians we often use what is available, economical, and shown to be effective. These products can include human medications being used "off-label" for pets. Some common examples include antihistamines like Benadryl or Zyrtec, or even a commonly reached for antibiotic cephalexin. We always strive to make you aware of deviations from label use, but it is so common that often a consent from the outset makes it a bit easier for all of us. At AADC we strive to offer the pros and cons of all medications being prescribed whether they are FDA approved or "off label".

- Please initial box of your preference.

I consent to overall use of off label medications.

**OR**

I consent to off label use for drugs on a case by case basis only.

**OR**

I **DO NOT** consent to use of off label medications.

Client Signature: \_\_\_\_\_