**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 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.

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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 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