



Chesapeake Veterinary Dermatology Associates, LLC

Date _____

Last Name _____ First Name: _____ Patient Name _____

Your pet is being seen today for re-evaluation and possibly a diagnostic procedure/testing. In cases requiring allergy skin testing, a skin biopsy, wound cleaning or abdominal ultrasound, it is necessary to shave the hair on your pet.

How has your pet been doing? _____

Please describe the following:

Activity _____

Odor _____

Itching (0-none to 5-intense and where?) _____

Previous skin lesions (resolving?) _____

New skin lesions (occurring?) _____

Hair loss/growth _____

Ear sensitivity _____

Tolerance of medication _____

Please check any of the following that applies to your pet.

- Anorexia [] Coughing [] Diarrhea [] Increased appetite [] Increased thirst [] Increased urination [] Lameness [] Sneezing [] Scooting [] Vomiting [] Weight gain/loss [] Other []

Explain _____

Please list all the medications to the best of your ability:

Table with 5 columns: Medications, Dose, Quantity, Last Dose (date/time), Refills. Contains 6 rows for medication entry.

When did your pet last eat? Day _____ Time _____

If you are dropping off your pet, please list a person we can contact for the day.

Table with 5 columns: Contact Person, Daytime Phone #, Evening Phone #, Cell Phone #, Other Phone #. Contains 1 row for contact information.

If your pet is staying for the day please be aware that delays occur in procedures and discharges due to emergencies. Please allow for extra time when picking up your pet. We will do our best to accommodate you as quickly as possible. Thank you for understanding.

Client/Agent Signature _____ Date _____