

VETERINARY DERMATOLOGY CENTER

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Board Certified Skin Disease Specialist



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APPOINTMENT INFORMATION (PLEASE READ CAREFULLY)

If you cannot keep your appointment kindly notify us at least 48 hours in advance.

Please contact your veterinarian prior to your appointment and ask for case information (previous tests, treatments, etc.) so we can better understand the medical history. It would be best if this information was faxed or sent to us prior to the appointment so it can be reviewed. We cannot request this information. You must make the request and authorize the release of medical information.

Here are a few requests:

1. Fill out the enclosed information sheets ahead of time and bring them with you.
2. Do not bathe your pet for one week prior to the appointment (if possible).
3. Bring all medications you have used (including shampoos, tablets, flea products, etc.).
4. If allergy testing is anticipated please read the allergy test information at our website listed above.
5. Do not feed your pet after midnight the night before the appointment (unless a medical condition makes this impossible). Water is allowed.
6. Please bring the food labels from the pet foods you are feeding (esp. the ingredient list).

The cost of a dermatologic evaluation:

It is difficult to estimate in advance the cost of a dermatologic evaluation and treatment. While most cases are fairly straight forward some are more complicated and present a greater challenge to diagnose and treat. The examination and consultation fee is \$198. With initial tests and treatments the initial office visit charge may be in the range of \$600-1200+.

Payment:

Payment is expected at the time services are rendered. Cash, check, VISA, Mastercard, and Discover are accepted means of payment.

Directions:

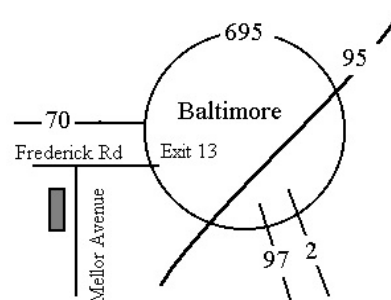
The dermatology clinic is located within the **Baltimore Veterinary Emergency and Referral Center** located at 32 Mellor Avenue in Catonsville, Maryland. From the Baltimore beltway (I-695), take the Frederick Road exit (exit 13) west to Catonsville. Go exactly 0.5 mile and turn left onto Mellor Avenue and then right into our parking lot. The dermatology clinic is on the left side of the building.

From I-95 (whether you are coming south through the Fort McHenry Tunnel or north from the Washington DC area) take exit 49 B (I-695 west). Proceed on I-695 to exit 13 (Frederick Road) and then go west to Catonsville. Then follow the instructions above.

PLEASE KEEP IN MIND THAT MORNING TRAFFIC ON THE WEST SIDE OF THE BALTIMORE BELTWAY IS OFTEN VERY HEAVY. PLEASE ALLOW FOR AN ADDITIONAL 20 MINUTES OF TRAVEL TIME.

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Form 3



Date _____

CLIENT AND PATIENT INFORMATION

Owner's Name _____

Address _____

Home Phone (_____) _____

Work Phone (_____) _____

Cell Phone (_____) _____

Email _____

Did your veterinarian refer you to this clinic? ___ Yes ___ No

Your usual veterinarian:

Dr. _____

Address _____

Phone _____

FAX number _____

Pet's Name _____

Kind of pet: ___ dog ___ cat other _____

Breed: _____

Sex: ___ M (Neutered? ___yes ___no)

___ F (Spayed? ___yes ___no)

Birth date (month and year): _____

Color: _____

Obtained from: ___ pet store

___ breeder ___ Hum. Soc./SPCA

___ other _____

Age when obtained _____

Obtained in what state or country _____

State or countries traveled to _____

Number of OTHER household pets:

___ dogs ___ cats other: _____

General Health Information:

1. Pet's diet (include the number of times fed per day): _____

2. Please list other medical problems (those not related to the skin problem) (for example, heart disease, kidney disease, diabetes, epilepsy, etc.): _____

3. Please list drugs currently being given for these illnesses: _____

4. Other complaints:

Coughing? ___ No ___ Yes

Sneezing? ___ No ___ Yes

Vomiting? ___ No ___ Yes

Bowel movements: ___ Normal ___ Abnormal (Explain below)

Urination is: ___ Normal ___ Abnormal (Explain below)

Weight change? ___ No ___ Yes, weight gain ___ Yes, weight loss

Appetite change? ___ No ___ Yes, increase ___ Yes, decrease

Change in thirst? ___ No ___ Yes, increase ___ Yes, decrease

5. Is heartworm preventative given as directed and on schedule? ___ Yes ___ No. It was last given on what date? _____

Which heartworm preventative is given? _____ Last heartworm test was performed when? _____

6. Your pet was last checked for intestinal worms on what date? _____

7. Has your pet had any adverse reactions to any medications? ___ Yes ___ No

If yes, please explain: _____

8. Pet's lifestyle: percent of time indoors _____ percent of time outdoors _____

If outdoors (circle all that apply): always on a leash stays in a confined yard roams freely or unsupervised

Has a pen/ kennel/dog house is walked in public areas Swims other _____

9. Pet's nature with unfamiliar people: ___ friendly ___ fearful/untrusting ___ may or will bite or fight

10. Pet's nature with unfamiliar pets: ___ friendly ___ fearful/untrusting ___ may or will bite or fight

11. Is there anything else we should know about your pet? _____

Patient _____

Date _____

DERMATOLOGY HISTORY SHEET

1. Briefly state the problem: _____

2. When was the problem first noted (Month & Year, please)? _____

3. Is the problem year round?

- ___ Yes, it has always been year round.
- ___ Yes, but it used to be seasonal (only part of the year).
- ___ No.
- ___ Unknown.

4. Are problems more severe during particular season(s)? ___ No ___ Yes (___ Spring ___ Summer ___ Fall ___ Winter)

5. Is there scratching, chewing, licking or rubbing? ___ No ___ Yes

Is it: ___ Severe or Constant ___ Moderate ___ Mild?

Where does your pet itch, chew, lick, or rub? ___ lower back ___ feet/legs ___ face ___ ears
___ belly ___ arm pits ___ all over other _____

6. Where on the body did the problem begin? _____

7. Are fleas currently present on any of your pets? ___ Yes ___ No ___ Maybe

When did you last see a flea on any of your pets? _____

Do you give any medications to prevent fleas? ___ No ___ Yes

If so, which products do you use? _____

How often do you administer it? _____

How often are ticks seen on your pet? ___ Never ___ Occasionally ___ Frequently

8. Do other pets that have contact with the patient have skin problems? ___ Yes ___ No ___ No contact with other animals.

9. Do littermates or the parents of the pet have skin problems? ___ Yes ___ No ___ Unknown

10. Have any people in the house developed skin problems? ___ Yes ___ No

11. How often do you shampoo your pet? _____ With what? _____

12. How often do you clean your pet's ears? _____ With what cleanser? _____

13. Which medications have been used to treat the skin problem?

<u>DRUG</u>	<u>HOW MUCH (mg)?</u>	<u>HOW OFTEN?</u>	<u>LAST GIVEN WHEN?</u>	<u>DID IT HELP?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

14. Which drug(s) helped most? _____

15. Comments that you feel may be helpful: _____
