

# VETERINARY DERMATOLOGY CENTER

Robert G. Buerger, DVM, DACVD

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 \$190. With initial tests and treatments the initial office visit charge may be in the range of \$520-1000+. IF allergies are present and IF allergy testing is indicated, the fee may be in the range of \$850-1250+ which includes the first set of treatment vials.

### Payment:

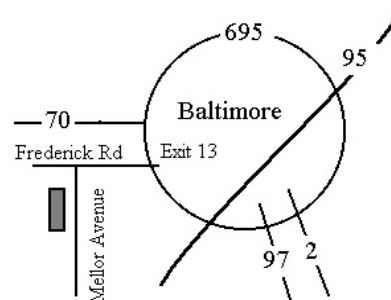
Payment is expected at the time services are rendered. Cash, check, VISA, Mastercard, and Discover are accepted means of payment.

### 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? \_\_\_\_\_  
\_\_\_\_\_

