animERge
24/7 ANIMAL EMERGENCY ✚ SPECIALTY CARE
21 Route 206, Raritan, NJ 08869
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DERMATOLOGY AND ALLERGY SERVICE
CLIENT QUESTIONNAIRE-NEW PATIENT

It is important to obtain a complete history in order to help in the diagnosis and management of allergies, ear disease, and skin disease. The detailed history you provide is very helpful and will provide the needed background for the clinicians and technicians. If you are unsure of how to respond to a particular question, we can help you. Our intention is to use the information you provide in this questionnaire to help during the examination and to help ensure the best possible treatment options for your companion animal

Date _____

CLIENT INFORMATION

Name: _____

E-mail Address: _____

Do you prefer being contacted by e-mail ☐ Yes ☐ No
(Your email will NOT be provided to any outside solicitors.)

REFERRING VETERINARIAN

Were you referred by your veterinarian? ☐ Yes ☐ No

Did you request for records to be faxed? ☐ Yes ☐ No

Has your pet seen a veterinary dermatologist in the past? ☐ Yes ☐ No

If yes:

Name of Hospital: _____

Name of Veterinary Dermatologist: _____

PATIENT INFORMATION

Name: _____

Are you this pet's owner? ☐ Yes ☐ No when did you adopt this pet? _____

Where did you adopt this pet? _____

PATIENT HISTORY

Please list any known underlying disease/conditions. _____

_____

What is the primary reason for today's visit? _____

Age when the problem was initially noticed: _____

How many days, years, or months have you noticed the problem? _____

Does there seem to be a seasonal influence? ☐ Yes ☐ No

If yes, which season? _____

Travel History/ Recent Move: _____

Does your pet experience any of the following? _____

Vomiting How Often? _____ Tiredness How often? _____

Diarrhea How often? _____ Lethargic behavior Hyperactive behavior how often? _____

Coughing How Often? _____ Lameness How Often? _____

Sneezing How Often? _____

Weight:

☐ Maintained ☐ Increased ☐ Decrease Comment: _____

Urination:

☐ Maintained ☐ Increased ☐ Decrease Comment: _____

Drinking Behavior:

☐ Maintained ☐ Increased ☐ Decrease Comment: _____

Appetite:

☐ Maintained ☐ Increased ☐ Decrease Comment: _____

Please check any of the following clinical signs that pertain to your pet

- ☐ Itching
- ☐ Licking/Chewing
- ☐ Flaky Skin (Dandruff)
- ☐ Red Skin
- ☐ Thick Skin (Elephant Skin)
- ☐ Malodorous Ears
- ☐ Bumps (Pustules or Papules)
- ☐ Swollen Feet (Between toes)
- ☐ Curving/cracking/Breaking Nails
- ☐ Loss of Nails
- ☐ Hair Loss (Alopecia)
- ☐ Welts (Urtcaria / wheals)
- ☐ Draining Lesions
- ☐ Other _____
- ☐ Other_____
- ☐ Other_____

Where do the lesions start (back, belly, groin, armpits, feet, ears, face)? _____

Onset of disease/lesions (gradual or sudden)? _____

What did the lesion initially look like? _____

_____

Where are the lesions the most severe (i.e., ears, feet, back, side, etc.)? _____

Do other animals or people in the house have lesions /itching ☐Yes ☐ No

If Yes, who? _____

If your pet itches, please answer the following questions:

On a scale of 1-10 how severe is the itching (1 slight-10 severe)? _____

How Frequent is the itching? ☐ Rare ☐ Sporadic ☐ Constant

When is the itching worst? ☐ Always ☐ Daytime ☐ Evening

Is there exposure to other animals ☐ Yes ☐ No If yes what kind? _____

What percentage of the time does your pet spend indoors or outdoors? _____% Indoors _____%Outdoors

Describe what your pet sleeps on (pet's bed, owner's bed, feather bed, and wool, outdoors):
_____

What is the currant diet (i.e., canned, kibble, brand, etc,)? _____

MEDICAL TREATMENTS/TESTS

VACCINATIONS

What vaccines (Rabies, DHLPP, FVRCP)? _____

When were they last administered?
_____

Do you recall where on your pet the vaccinations were given (leg, shoulder, side)? _____

DIAGNOSTICS

What diagnostics tests have already been performed? _____

_____

Blood tests (CBC, chemistry, thyroid panel, ACTH stimulation, etc):_____

Allergy Testing (serology, skin testing, diet testing): _____

Skin or ear cytology:
_____

DIET

Has a special diet been tried? ☐ YES ☐ NO If yes which diet(s)? _____

Does/did the diet seem helpful? ☐ YES ☐ NO

What treats are provided (biscuits, rawhide/pig ears, hooves, bones, table food,)? _____

Do you brush your pet's teeth? ☐ YES ☐ NO If yes what flavor is the toothpaste? _____

Is your pet receiving heartworm prevention? ☐ YES ☐ NO

Which brand? ☐ Heartgard® ☐ Iverhart® ☐ Interceptor® ☐ Sentinel® ☐ Revolution-topical®

Other: _____

If using an oral medication is it flavored? ☐ Yes ☐ No

Is your pet receiving medication for arthritis/joint problems? ☐ YES ☐ NO

If yes which one? ☐ Chondroitin Sulfate - oral ☐ NSAIDS Etogesic®, Rimadyl ®, Deramaxx®, Metacam®, other

Are these flavored? ☐ YES ☐ NO If yes, list Flavor (s) _____

Have treatments been tried for skin or ear diseases/allergies? ☐ YES ☐ NO

(Please indicate dose, route, duration and if currently being used. Included treatments that are over the counter.)

- ☐ Antihistamines _____
- ☐ Corticosteroids_____
- ☐ Oral ☐ Injectable
- ☐ Antibiotics/Anti-yeast:_____
- ☐ Essential Fatty Acids: _____
- ☐ Topical Therapy: _____
- ☐ Other (i.e., allergy shots, natural supplements): _____
- ☐ Flea and/or Tick Prevention: _____

☐ Advantage® - topical	☐ K9 Advantix®- topical	☐ Revolution® - topical
☐ Capstar® - oral	☐ Advantage - Multi® - topical	☐ Vectra®
☐ Comfortis® - oral	☐ Program® - oral	☐ Vectra® 3D
☐ Frontline® - topical	☐ Program® - injectable	☐ Hartz®
☐ Frontline Plus® - topical	☐ Promeris®	☐ Other_____

BATHING / SWIMMING HISTORY

Last time bathed: _____ Frequency of bathing_____ Product(s) used_____

Bathing location (groomer, home, self-dog wash): _____

☐ Helpful ☐ No change ☐ Worse

Swimming: ☐ Yes ☐ No ☐ Ocean ☐ River ☐ Lake Frequency: _____

Please provide any other information that you may feel may be helpful
(Shampoo, ointments, creams, ear medications) (Frequency of use, last date used/applied): _____

_____

_____

_____

Other_____