Eastern Shore ANIMAL HOSPITAL

AAHA AMERICAN ANIMAL HOSPITAL ASSOCIATION

Your Name:________________ Date:____________

Pet's Name:________________

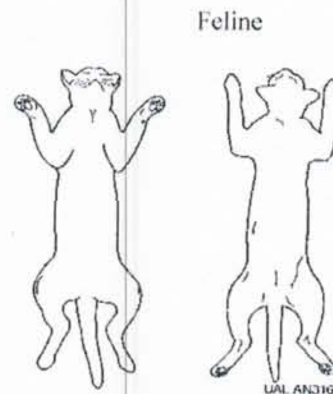
SKIN PROBLEMS

You have chosen for your pet to have an exam to diagnose the cause of his/her skin problems, and also, if necessary, vaccinations and testing and minor medical procedures. You authorize us to do so without your presence. Please take a moment to thoroughly fill out the following questionnaire regarding your pet's condition so that we can make sure we are taking the best possible care of your pet.

At the time of discharge, a veterinarian will speak with you to go over the details of your pet's visit or you may choose to receive a phone call.

☐ Discharge (~ Time:_______) ☐ Phone Call- during business hours (Time:________)

1. On the diagrams below, please indicate where you pet is having problems. If the problem is generalized, or all over the body, please check here ☐



2. When did you first notice the problem?
☐Today/Yesterday ☐2-3 days ago ☐~1 week ago☐~ 1 month ago ☐Other:_________

3. Please describe the nature of the problem. (Include color, dry/wet, crusted/scabbed, oily etc.)

____

____

____

4. Does your pet seem itchy (is s/he scratching/licking/chewing)? ☐Yes ☐No

5. Please use your best judgment and indicate the level of itchiness on the following scale:
Not itchy---Extremely itchy

1	2	3	4	5	6	7	8	9	10

6. Do any people in your house have a skin rash and/or itchiness? ☐Yes ☐No
   If yes, please describe:____________________________________

7. If the problem is chronic, does it appear to have a pattern? ☐No pattern – random
☐Seasonal – Spring ☐Seasonal – summer ☐Seasonal – Fall ☐Seasonal - Winter

8. Has this problem been examined and/or treated before? ☐Yes ☐No
If yes, please describe which products were most and/or least effective:
____

9. Is there a known flea (or parasite) problem among your pets or in your house? ☐Yes ☐No

10. Do you use any flea/tick preventatives on your pet (s) ? ☐Yes ☐No

☐Advantage
☐Advantix
☐Frontline
☐Program
☐Revolution
☐Comfortis
☐Over –the- counter product (not from us) _______________________

11. How often do you use a preventative?

☐Monthly all year ☐Seasonally ☐When notice a problem ☐Other______________

12. Do any of the pets in your household go outdoors?
☐Yes – this pet ☐Yes – one or more of my other pets ☐No

13: What kind of food does your pet eat?
   Brand: (e.g. Hill's Purina, Iams etc)______________________________
   Flavor: (eg. Chicken, lamb etc)_________________________________
   Other treats/table food:______________________________________

14. Does your pet have known or suspected allergies? ☐Yes ☐No
   If yes, please describe:______________________________________

Additional Procedures/Diagnostics:

At the time you drop off your pet, you should receive an estimate listing the diagnostic procedures associated with your pet's problem and their costs, for which you will be responsible. During the course of your pet's exam, the veterinarian may determine the need for additional services in order to complete his/her evaluation of your pet. If the doctor discovers a problem requiring a more extensive work-up, we will attempt to contact you before proceeding. You, or your authorized emergency contact, must be available via phone.

Please review the options below, and check and initial one:

☐I authorize Eastern Shore Animal Hospital Staff veterinarian (s) to examine and treat my pet as outlined in the estimate, and up to an additional $100 in services, if needed.
Initial ______

☐If additional services are needed, please attempt to contact me (or my alternate contact) at the number provided. If I cannot be reached, I authorize Eastern Shore Animal Hospital to perform additional services up to $ _____.
Initial______

☐I do not authorize any additional services beyond the scope of the estimate. I understand that if I choose to have the recommended medical procedures performed at a later date, I will be responsible for an additional examination fee, plus the cost of the individual services.
Initial_______

Owner/Agent Signature:______________________________ Date: _____________

Contact Number(s): ____

Name of alternate contact*: _________________________ Phone: _______________
(*This person must be authorized to make medical and financial decisions for your pet)

ESAH staff:________