



**Sheila M. Gomez VMD  
Veterinary Dermatology**

**Veterinary Surgical and Diagnostic Specialists  
34 Trenton-Lakewood Rd. Rt. 526  
Clarksburg, NJ 08510  
609-259-8300**

Dear

This is to confirm the appointment that you have made for your pet  
\_\_\_\_\_, on: \_\_\_\_\_ at: \_\_\_\_\_ am./pm.

Many clients are coming to a veterinary referral practice for the first time and have questions regarding the visit. Factors such as cost of the visits, treatments, and time spent on appointments can be a surprise to someone who is not familiar with a dermatologists fees and policies. Generally speaking, the initial visit fees average between \$300.00 to \$350.00. This includes the initial visit, skin scrapes, fungal cultures, cytology and basic bloodwork. More involved diagnostic tests that include specific testing for thyroid disease, adrenal disease and/or biopsies will be more expensive and may involve repeat visits in order to complete the workup. Allergy testing and interpretation is very time consuming and proportionately more expensive. **I ask that you pay with cash, check, VISA, or MC at the time of the visit.**

You should plan on spending about 2 hours at the clinic with your pet for your first appointment. This visit is usually the longest and subsequent visits are usually no longer than 30 minutes unless special testing is being done. In order to give your pet the best possible care, I ask that you have your pet's previous medical records faxed to me at: **609-259-8484 at least 24 hours before your first visit.** In Addition, please fill out the following forms regarding your pet's current skin problems and bring them with you to the initial visit. This information will aid us in focusing on the progression of the disease process over time.

Finally, **please do not bathe your pet or give any medication for the skin disease before coming for your appointment.** Steroids need to be avoided for at least 4-6 weeks in cases where allergy testing is being considered, and antihistamines such as Benedryl, hydroxyzine (Atarax), and chlorpheniramine (ClorTrimeton) cannot be used for a period of 14 to 21 days prior to allergy testing. If you are unsure whether or not to stop a medication, please call me.

Should you need to cancel or reschedule an appointment, we ask that you let us know at least 24 hours in advance, if possible. Please do not hesitate to call the office if you have any questions regarding your appointment. I look forward to meeting you and your pet.

Sincerely,

Sheila M. Gomez VMD

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Owners Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (Home) \_\_\_\_\_

Fax: \_\_\_\_\_

Zip: \_\_\_\_\_

(Work) \_\_\_\_\_

Pets Name: \_\_\_\_\_ Canine Feline Other \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: M F Neutered: Yes No

Date of Birth: (mo. Day. Yr) \_\_\_\_\_ Weight: \_\_\_\_\_ lbs.

Veterinarian responsible for your pets' general care: \_\_\_\_\_

Name of the Animal Hospital: \_\_\_\_\_

Please fill out this form to the best of your ability. The history and progression of your pets' skin problems is an important tool in diagnosing and formulating a treatment plan which will be beneficial for your pet. Your thoughtful answers to these questions will help us decide on the best possible therapeutic options.

Please hand this completed form to the receptionist when you arrive for your first appointment. Thank you.

1. Describe your pet's skin problem. (check all that apply):

- ? Scratching, chewing, licking, rubbing skin ( )
- ? Ear infections ( )
- ? Hair loss with itching ( )
- ? Hair loss without itching ( )
- ? Red bumps, pimples, scabs ( )
- ? Excessive dandruff, scaling ( )
- ? Skin odor, greasiness ( )
- ? Nail infections or nail loss ( )
- ? Other (describe) ( ) \_\_\_\_\_

2. Was itching the first sign of your pet's skin disease that you noticed?  
Yes ( ) No ( )

3. How long has your pet had this skin or ear problem?  
\_\_\_\_\_days/weeks/months/years

4. Was the problem's onset gradual ( ) or sudden ( )?

5. On a scale of 1-10 with 1= occasional chewing or scratching and 10= severe constant scratching that keeps you up at night, how would you rate your pet's level of itchiness now? (circle number from 0-10):

0 1 2 3 4 5 6 7 8 9 10

6. Describe how the skin problem first appeared. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What areas of your pet are affected? (check all that apply)  
Ears ( ); Face ( ); Neck ( ); Armpits ( ); Rump/tail area ( ); Underside ( );  
Groin/inner thighs ( ); Legs/paws ( ); Anal/genital area ( ); Other ( ) \_\_\_\_\_

8. Has your pet always lived in this part of the country? Yes ( ); No ( )  
If no, where did you live before and when did you move?

\_\_\_\_\_  
\_\_\_\_\_

9. Has your pet traveled to other countries? Yes ( ) No ( )  
If yes, please list the dates of travel. \_\_\_\_\_

10. Is/are your pet's problem(s) intermittent ( ) or continual ( )?

11. Is there *currently* a relationship between your pet's problem(s) and the season of the year? Yes ( ) No ( ) If yes, please check the season(s) when the problem is worse: Spring ( ); Summer ( ); Fall ( ); Winter ( )  
The problem begins in \_\_\_\_\_ (month)

12. Do you have any other pets? Yes ( ); No ( ); Please list any other pets \_\_\_\_\_
13. Do your other pets have similar skin conditions? Yes ( ); No ( ); Does not apply ( ). If yes, what are the other pet's problems? \_\_\_\_\_
14. Has any person in your household had skin problems since your pet started having skin problems? Yes ( ); No ( ) If yes, please describe \_\_\_\_\_
15. Have you noticed fleas on your pet recently? Yes ( ); No ( )
16. What flea products do you currently use? \_\_\_\_\_  
Flea products not used ( ).
17. What treatment has your pet received for his/her skin problem?  
Check all that apply and list or circle names if possible:
- ( ) Antibiotics (list) \_\_\_\_\_
  - ( ) Oral cortisone e.g.: prednisone, vetalog, Dexamethasone
  - ( ) Cortisone/steroid injections
  - ( ) Antihistamines e.g.: Benadryl, atarax, Chlorpheniramine
  - ( ) Fatty acids/oils, fish oil capsules, Derm caps, vegetable oils
  - ( ) Ivermectin (anti-mite injections)
  - ( ) Ear ointments or drops (please list) \_\_\_\_\_
  - ( ) Herbal or homeopathic remedies (please list) \_\_\_\_\_
18. Describe what response there was to this treatment? \_\_\_\_\_
19. Did medication help your pet's problem(s)? Yes ( ) No ( )  
If no, go to 8. If Yes, which medication was the most effective?  
\_\_\_\_\_
20. What oral or injectable medication is your pet presently receiving and when?  
was it last given? \_\_\_\_\_
21. Does your pet have any other previously diagnosed medical or surgical  
problems unrelated to the skin disorder? Yes ( ); No ( ) Please describe:  
\_\_\_\_\_  
\_\_\_\_\_
22. Is your pet receiving any medication for this disorder? Please list  
medications: \_\_\_\_\_  
\_\_\_\_\_

23. Have you noticed any change in the health or behavior of your pet that coincided with the development of the skin condition? (e.g. changes in food or water intake, changes in urination or defecation, changes in activity level) Yes ( ) No ( ) Please list: \_\_\_\_\_  
\_\_\_\_\_

24. Describe the current diet of your pet including brand names and any table food, treats, biscuits, vitamin supplements, or rawhide chews given?  
\_\_\_\_\_  
\_\_\_\_\_

25. Has your pet ever been on a special food elimination diet? Yes ( ); No ( ); If yes, what commercial brand of food or home-cooked diet ingredients were used and for how long? \_\_\_\_\_  
\_\_\_\_\_

26. **For Dogs:** Is your pet currently on heartworm preventative (Heartgard, Interceptor, Filaribits)? Yes ( ); No ( ) If yes, is it a chewable? Yes ( ); No ( )

**For Dogs:** Has your pet been blood tested for heartworm disease within the last 6 months? Yes ( ) No ( )

For Cats: Has your cat been tested negative for feline leukemia (FeLV) and feline immunodeficiency virus (FIV or feline AIDS virus)? Yes ( ) No ( )

Thank you very much for taking the time to complete this form.