



Southeast Veterinary
dermatology & ear clinic

PATIENT AND CLIENT INFORMATION

Date _____

Primary Complaint _____

Owner's Name _____

Occupation _____

Address _____

City _____ State _____ Zip _____

Phone (Preferred) _____ Home/Cell _____

Spouse/Partner Cell _____ Other Numbers _____

Email Address _____ OK to Email About Your Pet? _____

Email and Cell Phone Only for Scheduling Reasons, Which Do You Prefer? Email _____ Cell _____

Pets Name _____ Date of Birth or Age _____

Species Dog _____ Cat _____ Breed _____

Color _____

Sex (Check All That Apply) Male _____ Neutered _____ Female _____ Spayed _____

May we use photos of your pet on Facebook? Yes _____ No _____

Referring Family Veterinarian _____



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DERMATOLOGY HISTORY QUESTIONNAIRE

Patient Name _____ Date _____

Briefly describe your pet's problem(s). _____

How long has it been present? _____

Approximate age of onset? _____ Sudden _____ Gradual _____

Does your pet's skin problem appear to be seasonal? No _____

If yes, x all that apply. Spring _____ Summer _____ Fall _____ Winter _____

Affected areas - front feet / back feet / underarms / belly / ears / head / chin / neck / tail / other

Does your pet scratch, chew, or lick themselves excessively? _____ Where? _____

On a scale of 0-10, how itchy is your pet? _____

What other pets are in the house? Cats _____ Dogs _____

Do any of the other pets have skin problems? _____

Do any members of the household have unexplained skin problems? (rash, ringworm, etc.) _____

What is your pet's current diet? _____ How long has this been fed? _____

Is your pet mostly indoors, outdoors, or both? _____

What flea prevention do you currently use? _____ Topical or oral? _____

What flea treatments do you use in your house/yard? _____

What is your pet's current heartworm prevention? _____

What are your pet's current treatments/medications? _____

Does your pet have any other health problems? (seizures, heart problems, etc.) _____



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MEDICATION WITHDRAWAL TIMES FOR INTRADERMAL TESTING

STEROIDS

Oral Corticosteroids - 4 week withdrawal

ex: Prednisone, Prednisolone, Triamcinolone, Temaril-P

Short-Acting Injectable Corticosteroids - 4-6 week withdrawal

ex: Dexamethasone, Vetalog

Long-Acting Injectable Corticosteroids - 8-12 week withdrawal

ex: Depo-Medrol

Topical Corticosteroids - (Including Ear Medications) - 4 week withdrawal

ex: Otomax, Anamax, Resicort Conditioner, Resiketochlor Conditioner, Hydrocortisone Creams

ANTIHISTAMINES

Oral Antihistamines - 2 week withdrawal

ex: Benadryl, Zyrtec, Hydroxyzine, Chlorpheniramine, Amitriptyline (Elavil)

MISCELLANEOUS

Ketoconazole - 48 hour withdrawal

Acepromazine, Valium (Diazepam) - 48 hour withdrawal

Oral Progestin (Ovaban, etc.) - 4 week withdrawal

Intact female dogs must be out of heat for at least 4 weeks before allergy testing can be performed.

Your pet should be fasted, unless your pet is diabetic.

Your pet may remain on antibiotics, heartworm prevention and flea prevention, as these will not negatively affect intradermal testing.

Please contact our office if you have questions about a medication your pet is currently taking.