

# VETERINARY DERMATOLOGY CENTER

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Board Certified Skin Disease Specialist

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Baltimore, MD 21228

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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. Certain cases are quite complicated and can be costly to diagnose, treat, and maintain. The examination and consultation fee is \$195. With initial tests and treatments the initial office visit is often in the range of \$350-750+. IF allergies are present and IF allergy testing is indicated, the fee may be in the range of \$600-900.

### **Payment:**

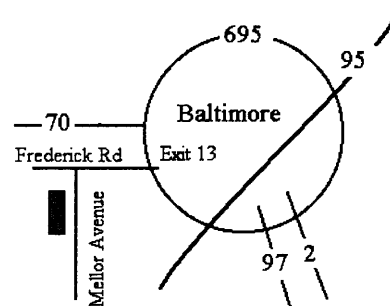
Payment is expected at the time services are rendered. Cash, check, VISA, and Mastercard are accepted means of payment.

### **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 Center 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.

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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?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Sneezing?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Vomiting?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Bowel movements:	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal (Explain below)
Urination is:	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal (Explain below)
Weight change?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, weight gain <input type="checkbox"/> Yes, weight loss
Appetite change?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, increase <input type="checkbox"/> Yes, decrease
Change in thirst?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, increase <input type="checkbox"/> 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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DERMATOLOGY HISTORY SHEET

1. Chief complaint: \_\_\_\_\_  
\_\_\_\_\_

2. When was the problem first noted (Month & Year, please)? \_\_\_\_\_

3. Is the problem year round?  
 Yes, it has always been year round.  
 Yes, but it used to be seasonal (only part of the year).  
 No.  
 Unknown.

4. Are problems more severe during particular season(s)?  No  Yes (  Spring  Summer  Fall  Winter)

5. Is there scratching, chewing, licking or rubbing?  No  Yes  
Is it:  Severe or Constant  Moderate  Mild?  
Where does your pet itch, chew, lick, or rub?  lower back  feet/legs  face  ears  
 belly  arm pits  all over other \_\_\_\_\_

6. Where on the body did the problem begin? \_\_\_\_\_

7. Are fleas currently present on any of your pets?  Yes  No  Maybe  
When did you last see a flea on any of your pets? \_\_\_\_\_

Do you give any medications to prevent fleas?  No  Yes  
If so, which products do you use?  Frontline (how often? \_\_\_\_\_)  
 Advantage or Advantix applications (how often? \_\_\_\_\_)  Monthly Sentinel tablets  
 Monthly Revolution Other \_\_\_\_\_

How often are ticks seen on your pet?  Never  Occasionally  Frequently

8. Do other pets that have contact with the patient have skin problems?  Yes  No  No contact with other animals.

9. Do littermates or the parents of the pet have skin problems?  Yes  No  Unknown

10. Have any people in the house developed skin problems?  Yes  No

11. How often do you shampoo your pet? \_\_\_\_\_ With what? \_\_\_\_\_

12. How often do you clean your pet's ears? \_\_\_\_\_ With what cleanser? \_\_\_\_\_

13. Which medications have been used to treat the skin problem?

<u>DRUG</u>	<u>HOW MUCH (mg)?</u>	<u>HOW OFTEN?</u>	<u>LAST GIVEN WHEN?</u>	<u>DID IT HELP?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

14. Which drug(s) helped most? \_\_\_\_\_

15. Comments that you feel may be helpful: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_