

VETERINARY DERMATOLOGY CENTER

Robert G. Buerger, DVM, DACVD

Board Certified Skin Disease Specialist



Vderm.com

32 Mellor Avenue
Baltimore, MD 21228

PATIENT UPDATE INFORMATION

Phone 410-788-8130
FAX (Derm) 410-788-9007
E-Mail staff@Vderm.com

Patient _____ Owner/Guardian's name _____

PLEASE FILL OUT THIS FORM PRIOR TO YOUR PET'S RECHECK APPOINTMENT

Kindly provide 48 hours notice if you need to change your appointment.

Please help us understand what's going on with your pet's health. We hope you can answer a few questions:

1. Briefly describe the reason for appointment. Have the problems been on-going? Are there new problems? _____

2. When did the problem recur or start...or has it been on-going? _____

3. Treatments given since your last visit here? Please fill in what you can.

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

4. Flea/Tick prevention used? _____ Which one? _____ How often? _____

5. Heartworm prevention used? _____ Which one? _____ How often? _____

6. Shampooing? _____ Which shampoo? _____ How often? _____

7. Ear cleaning? _____ With an ear cleanser? _____ How often? _____

8. Other health issues since last visit here? _____ . Please describe: _____

9. Any medications currently administered for **other** medical conditions? _____ . Please list: _____

10. Any other pets in the home? _____ Numbers of other pets: _____ dogs _____ cats _____ other: _____

Do any of these other pets have any skin problems? _____

11. Which pet food is fed? _____

Please list treat(s) as well? _____

Do you hide oral medications in food? Which foods? _____

12. Any changes to your address or phone number(s)? YES _____ NO _____ (If so, we'll get info at the desk.)

13. Your regular veterinarian is (we'll send a report): _____

14. Comments or concerns? _____

