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DERMATOLOGY VETERINARY CONSULTATIONS

Vet _____ Clinic _____

Vet Best Phone # _____ Date/Time window _____

Owner Name _____ Pet Name _____ Canine Feline

Sex _____ Breed _____ Age _____ Current Weight _____

Started/Progression of Symptoms

Areas of the body affected _____

List other diseases or symptoms: _____

Flea/tick preventive? Name _____ Last Given _____

Pruritus None Mild Mod Severe seems painful Not asked/unknown

Ears: Not affected scratching the ears shaking the head have foul ear smell discharge _____

Food: Current diet? _____ Supplements _____

Has a diet trial been done? Y N Food _____ Length _____ Strict Y N

Bathing: How often _____ Shampoo _____

Please list below therapies tried, Date, Dosage, Length, Did it help?

Testing Performed and results (please attach if possible)

Please email form to info@petdermatologyclinic.com
 Attach labwork, biopsy results, photos, or any other important info