



Your Name: _____

Pet's Name: _____

Date: _____

SKIN PROBLEMS

You have chosen for your pet to have an exam to diagnose the cause of his/her skin problems, and also, if necessary, vaccinations and testing and minor medical procedures. You authorize us to do so without your presence. Please take a moment to thoroughly fill out the following questions regarding your pet's condition so that we can make sure we are taking the best possible care of your pet.

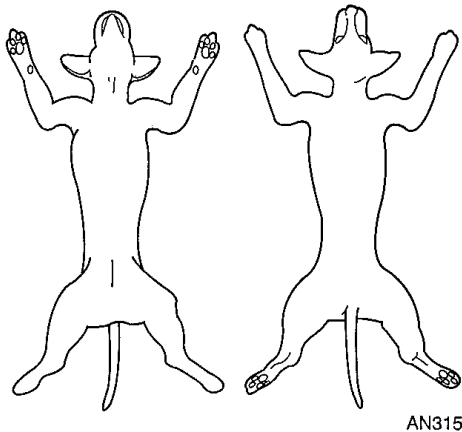
If you need more time to complete this form, please feel free to take it with you and return it or fax it by 1pm in order for your pet's exam to be done during our in-patient exam time. Our FAX number is 978-256-9554. You can reach us by phone at 978-256-9555.

Following your pet's exam, a technician will speak with you to go over the details of your pet's visit. You may choose to either set up a time to speak with him/her at your pet's discharge, or to receive a phone call at a later time, at your convenience. Please let the receptionist know which option you would prefer.

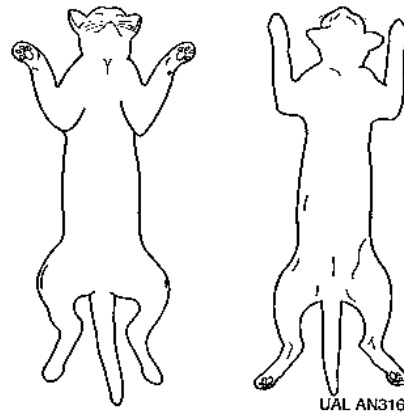
Discharge (Time: _____) Phone Call (Time: _____)

1. On the diagrams below, please indicate where your pet is having problems.
If the problem is generalized, or all over the body, please check here

Canine



Feline



2. When did you first notice the problem?
 Today/Yesterday 2-3 days ago ~ 1 wk ago ~ 1 month ago Other: _____

3. Please describe the nature of the problem. (Include color, dry/wet, crusted/scabbed, oily, etc.)

4. Does your pet seem itchy (is s/he scratching/licking/chewing)? YES NO
5. Do any other pets in the house show similar problems? YES NO This is my only pet
If yes, please describe: _____
6. Do any people in your house have a skin rash and/or itchiness? YES NO
If yes, please describe: _____
7. If this problem is chronic, does it appear to have a pattern? No pattern – random
 Seasonal - spring Seasonal - summer Seasonal - fall Seasonal - winter
8. Has this problem been examined and/or treated before? YES NO
If yes, please describe (include dates, medications prescribed, and which products were most and least effective): _____

9. Is there a known flea (or other parasite) problem among your pets or in your house? YES NO
If yes, please describe: _____
10. Do you use any flea/tick preventatives on your pet(s)? YES NO
- Advantage
 - Advanitx
 - Frontline
 - Program
 - Revolution
 - Over-the-counter flea collar (not from us) _____
 - Over-the-counter topical product (not from us) _____
 - Over-the-counter flea bath/dip (not from us) _____
11. How often do you use a preventative?
 Monthly all year-round Seasonally When notice a problem Other: _____
12. Do any of the pets in your household go outdoors?
 YES – this pet YES – one or more of my other pets NO
13. What kind of food does your pet eat?
Brand: (eg. Hill's, Purina) _____
Flavor: (eg. chicken, lamb) _____
Other treats/table food: _____
14. Does your pet have known or suspected allergies? YES NO
If yes, please describe: _____

Additional Procedures/Diagnostics:

At the time you drop off your pet, you should receive an estimate listing the diagnostic procedures associated with your pet's problem and their costs, for which you will responsible. During the course of your pet's in-patient exam, the veterinarian may determine the need for additional services in order to complete his/her evaluation of your pet. If the doctor discovers a problem requiring a more extensive work-up, we will attempt to contact you before proceeding. You, or your authorized emergency contact, must be available via phone.

Please review the options below, and check and initial **one**:

- I authorize Countryside staff veterinarian(s) to examine and treat my pet as outlined in the IPE estimate, and up to an additional \$100 in services, if needed.

Initial: _____

- If additional services are needed, please attempt to contact me (or my alternate contact) at the number provided. If I cannot be reached, I authorize Countryside to perform additional services up to \$300.

Initial : _____

- I do not authorize any additional services beyond the scope of the IPE estimate. I understand that if I later choose to have the medical procedures recommended during the IPE performed, I will be responsible for an additional examination fee of \$49.50, plus the cost of the individual services.

Initial: _____

Owner/Agent Signature: _____ Date: _____

Contact Number(s): _____

Name of alternate contact*: _____ Phone: _____

(*This person must be authorized to make medical and financial decisions for your pet)

CVH Staff: _____