



DATE: \_\_\_\_\_

ARRIVAL TIME: \_\_\_\_\_

APPT.TIME: \_\_\_\_\_

## DERMATOLOGY ADMISSION FORM

DR. KAREN HELTON-RHODES

### CLIENT INFORMATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE NUMBER: ( ) \_\_\_\_\_ WORK: ( ) \_\_\_\_\_

CELL/OTHER NUMBERS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

PHARMACY NAME: \_\_\_\_\_ PHONE NUMBER: ( ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

### PATIENT INFORMATION

PET'S NAME \_\_\_\_\_  CANINE  FELINE  OTHER \_\_\_\_\_

BREED \_\_\_\_\_  MALE  NEUTERED  FEMALE  SPAYED

AGE \_\_\_\_\_ WEIGHT \_\_\_\_\_ COLOR \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

### REFERRAL INFORMATION

REGULAR and/or REFERRING VETERINARIAN \_\_\_\_\_

HOSPITAL NAME \_\_\_\_\_

### AUTHORIZATION & PAYMENT POLICY

I hereby authorize the veterinarian to examine, prescribe or treat the above describe pet. I assume full responsibility for all charges incurred in the care of this animal. I also understand that these charges must be paid in full at the time of release. **Payments are expected when services are rendered, WE DO NOT BILL.** In order to provide the best care we accept: **Major Credit Cards** (Mastercard, Visa, Amex, & Discover), **Personal Checks** (when accompanied by a valid driver's license for electronic processing), **Care Credit**, and **Cash**. Should collection and/ or attorney's fees become applicable I will be held responsible for those and all other costs of collection. By signing below I hereby state that I am the owner or authorized agent of the above described animal. I have read the above terms and conditions and agree to adhere to this agreement.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. What skin problem are you bringing your pet in for? \_\_\_\_\_
2. How long has the problem been present? \_\_\_\_\_ How old was your pet when the problem first started? \_\_\_\_\_
3. When the problem started, did it come on suddenly or gradually over a period of time? \_\_\_\_\_
4. What did the skin or ear problem look like initially? \_\_\_\_\_
5. How has it changed or spread? \_\_\_\_\_
6. Have the problems been (check one):  
 Continual, but better when on medications       Intermittent or sporadic  
 Continual, even with medications
7. Is the problem worse during certain times of the year? If so, when? \_\_\_\_\_
8. Over the past year, how itchy has your pet been during a typical outbreak of skin or ear disease? Use a scale of 1 to 10 where 1 means an occasional scratch, like a normal person or animal might do, and 10 means constant, severe scratching. Write a number from 1 to 10 here: \_\_\_\_\_
9. Using the same 1 to 10 scale, how itchy has your pet been over the past one month? Write a number from 1 to 10 here: \_\_\_\_\_
10. Is your pet receiving any treatment now? If yes, what kind? \_\_\_\_\_  
\_\_\_\_\_
11. When did your pet last receive any medication – and what medication was it? \_\_\_\_\_  
\_\_\_\_\_
12. What do you feed your pet now? \_\_\_\_\_
13. Have any different diets been tried as treatment? If so, list the brand name and for how long you fed it:  
\_\_\_\_\_
14. How often do you usually bathe your pet? \_\_\_\_\_
15. When was the last time you saw a flea on your pet or another pet in the household? \_\_\_\_\_
16. Do you routinely use flea or tick prevention products on your pet (list type)? \_\_\_\_\_
17. How old was your pet when you obtained him/her? \_\_\_\_\_ Where was pet obtained? \_\_\_\_\_
18. Do any of the other pets or humans in the household have skin problems? \_\_\_\_\_
19. What other pets are in the household? \_\_\_\_\_
20. What percentage of the day and night does your pet spend indoors vs. outdoors? Percent of time indoors: \_\_\_\_\_% Percent of time outdoors: \_\_\_\_\_%
21. Other than skin disease, does your pet have any diagnosed medical problems? \_\_\_\_\_
22. Are there any other symptoms that your pet has that have not been described above, or is there anything else you think might be contributing to your pet's skin or ear disease? \_\_\_\_\_
23. Do you or a family member of your family:
  - a. Work in the health care field?                      YES      NO
  - b. Frequent hospitals, nursing homes, etc?                      YES      NO
  - c. Work at a daycare facility?                      YES      NO
  - d. Play a team sport?                      YES      NO