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www.vetdermcentre.com

## Veterinary Dermatology And Allergy Centre

### CLIENT INFORMATION

Date \_\_\_\_\_

Pet's Name \_\_\_\_\_ Species \_\_\_\_\_ Sex \_\_\_\_\_ Neutered / Spayed  
(Please circle one)

Breed \_\_\_\_\_ Color \_\_\_\_\_ Birth Date \_\_\_\_\_



Owner \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Spouse's Work Phone ( ) \_\_\_\_\_ Spouse's Cell Phone ( ) \_\_\_\_\_

Occupation \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_

OK to call you at work? \_\_\_\_\_ Best time and number to reach you \_\_\_\_\_



Referring Veterinarian \_\_\_\_\_ Name of Practice \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_



How did you learn about our practice?

Phone Book  Veterinarian  Pet Shop  Sign  Web  Friend (Name \_\_\_\_\_)

Payment Method:  Cash  Check  MasterCard  Visa  Discover  CareCredit

*The fee for all services is due and payable at the completion of the office visit.*

Signature \_\_\_\_\_ Date \_\_\_\_\_



## DERMATOLOGY HISTORY

Owner \_\_\_\_\_ Pet's Name \_\_\_\_\_ Date \_\_\_\_\_

What symptoms prompted this visit? \_\_\_\_\_

### PAST HISTORY

1. How long have you *owned* this pet? \_\_\_\_\_
2. From what *source* did you get this pet? \_\_\_\_\_  
 (*breeder, pet shop, pound, Humane Society, other*)
3. Past illness or injury \_\_\_\_\_
4. When was the last "Distemper" vaccine given? \_\_\_\_\_
5. Approximately what date did the itching and scratching first start? \_\_\_\_\_

### PRESENT HISTORY

- |     |                                                                                     |                                 |                                                                                                          |
|-----|-------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------------------------------------------------------------------|
| GEN | 1. Is your pet's attitude:                                                          | <input type="checkbox"/> Alert  | <input type="checkbox"/> Depressed                                                                       |
|     | 2. Is your pet's weight:                                                            | <input type="checkbox"/> Stable | <input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing                                  |
| M-S | 3. Does this pet limp or have any gait abnormalities?                               | <input type="checkbox"/> No     | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown                                            |
|     | 4. Does this pet cough?                                                             | <input type="checkbox"/> No     | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown                                            |
|     | 5. Does this pet sneeze?                                                            | <input type="checkbox"/> No     | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown                                            |
|     | 6. Does this pet have post nasal drip?                                              | <input type="checkbox"/> No     | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown                                            |
|     | 7. Does this pet's nose run?                                                        | <input type="checkbox"/> No     | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown                                            |
|     | 8. Does this pet have difficulty breathing?                                         | <input type="checkbox"/> No     | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown                                            |
| C-W | 9. Does this pet fatigue easily?                                                    | <input type="checkbox"/> No     | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown                                            |
|     | 10. Does this pet have any weaknesses?                                              | <input type="checkbox"/> No     | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown                                            |
| G-I | 11. Is this pet's <i>appetite</i> :                                                 | <input type="checkbox"/> Normal | <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Selective |
|     | 12. Diet: <i>Dry</i> <i>Canned</i> <i>Semi-Moist</i> Brand _____                    |                                 |                                                                                                          |
|     | Other food _____ Treats _____                                                       |                                 |                                                                                                          |
|     | What did your pet eat over the last 48 hours? _____                                 |                                 |                                                                                                          |
|     | Has the diet been changed? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                 |                                                                                                          |
|     | If so, how? _____                                                                   |                                 |                                                                                                          |
|     | 13. Is this pet's <i>water consumption</i> :                                        | <input type="checkbox"/> Normal | <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Unknown   |
|     | 14. Does this pet vomit?                                                            | <input type="checkbox"/> No     | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown                                            |
|     | 15. Are this pet's bowel movements:                                                 | <input type="checkbox"/> Normal | <input type="checkbox"/> Hard <input type="checkbox"/> Diarrhea                                          |
|     | 16. Does this pet <i>scoot</i> his rear on the floor?                               | <input type="checkbox"/> No     | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown                                            |
| G-U | 17. Does this pet urinate in the middle of the night?                               | <input type="checkbox"/> No     | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown                                            |
|     | 18. Sexual status of this pet?                                                      | <input type="checkbox"/> Intact | <input type="checkbox"/> Neutered                                                                        |
|     | 19. If female, is she <i>pregnant</i> ?                                             | <input type="checkbox"/> No     | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown                                            |
|     | 20. If female, has she ever had a <i>false pregnancy</i> ?                          | <input type="checkbox"/> No     | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown                                            |
|     | 21. If intact female, are her <i>heat cycles</i> regular?                           | <input type="checkbox"/> No     | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown                                            |
|     | 22. If intact female, what is the <i>interval</i> between heat cycles? _____        |                                 |                                                                                                          |
|     | 23. Is the <i>volume of urination</i> :                                             | <input type="checkbox"/> Normal | <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Unknown   |
|     | 24. Is the <i>frequency of urination</i> :                                          | <input type="checkbox"/> Normal | <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Unknown   |
| N   | 25. Does this pet have a <i>nervous</i> temperament?                                | <input type="checkbox"/> No     | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown                                            |
|     | 26. Does this pet have any abnormal behavior?                                       | <input type="checkbox"/> No     | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown                                            |
|     | If so, explain _____                                                                |                                 |                                                                                                          |
|     | 27. Is this pet easily excited?                                                     | <input type="checkbox"/> No     | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown                                            |
|     | If so, explain _____                                                                |                                 |                                                                                                          |
|     | 28. Is this pet destructive?                                                        | <input type="checkbox"/> No     | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown                                            |
|     | If so, explain _____                                                                |                                 |                                                                                                          |
| EYE | 29. Is there any discharge from the eyes?                                           | <input type="checkbox"/> No     | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown                                            |
|     | 30. Are there any problems with vision?                                             | <input type="checkbox"/> No     | <input type="checkbox"/> Yes <input type="checkbox"/> Unknown                                            |

- EAR
- |                                                   |                             |                              |                                  |
|---------------------------------------------------|-----------------------------|------------------------------|----------------------------------|
| 31. Does this pet shake its head frequently?      | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
| 32. Does this pet scratch at its ears frequently? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
| 33. Is there an odor from the ears?               | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
| 34. Is there any problems with hearing?           | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |

**ENVIRONMENTAL HISTORY**

- |                                                       |                                 |                                  |                                  |
|-------------------------------------------------------|---------------------------------|----------------------------------|----------------------------------|
| 1. Does this pet live:                                | <input type="checkbox"/> Inside | <input type="checkbox"/> Outside | <input type="checkbox"/> Both    |
| 2. Is this pet allowed on the beds and furniture?     | <input type="checkbox"/> No     | <input type="checkbox"/> Yes     | <input type="checkbox"/> Unknown |
| 3. Does this animal like to sleep in places that are: | <input type="checkbox"/> Cool   | <input type="checkbox"/> Warm    |                                  |
| 4. Does your home have a <i>forced air</i> heat?      | <input type="checkbox"/> No     | <input type="checkbox"/> Yes     |                                  |
| 5. Does your home have <i>air conditioning</i> ?      | <input type="checkbox"/> No     | <input type="checkbox"/> Yes     |                                  |
| 6. Does your home have a <i>humidifier</i> ?          | <input type="checkbox"/> No     | <input type="checkbox"/> Yes     |                                  |
7. What kind of *carpeting* do you have? \_\_\_\_\_
8. What is your *pet's bed (bedding)* made of? \_\_\_\_\_
9. Around your home, what are the prominent:
- |                      |                         |
|----------------------|-------------------------|
| <i>Grasses</i> _____ | <i>Shrubs</i> _____     |
| <i>Trees</i> _____   | <i>Farm crops</i> _____ |
10. How often do you bathe your pet? \_\_\_\_\_
11. What kind of *shampoo* do you use on your pet? \_\_\_\_\_
12. What kind of *conditioners* are used? \_\_\_\_\_

**MISCELLANEOUS HISTORY**

- |                                                                |                             |                              |                                  |
|----------------------------------------------------------------|-----------------------------|------------------------------|----------------------------------|
| 1. Do the <i>parents or siblings</i> have a skin problem?      | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
| 2. Do you have <i>other pets</i> ?                             | <input type="checkbox"/> No | <input type="checkbox"/> Yes |                                  |
| 3. If yes, do your other pets have a similar problem?          | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
| 4. Do any <i>humans</i> in your household have a skin problem? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |                                  |

**PRESENT SKIN CONDITION**

- |                                                            |                             |                              |                                  |
|------------------------------------------------------------|-----------------------------|------------------------------|----------------------------------|
| 1. Is this the first time your pet has had a skin problem? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
|------------------------------------------------------------|-----------------------------|------------------------------|----------------------------------|
2. *Date of onset* of present skin problem \_\_\_\_\_
3. *Age* of animal at *onset* of present skin problem \_\_\_\_\_
- |                                              |                               |                                |  |
|----------------------------------------------|-------------------------------|--------------------------------|--|
| 4. Was the <i>onset</i> of the skin problem: | <input type="checkbox"/> Slow | <input type="checkbox"/> Rapid |  |
|----------------------------------------------|-------------------------------|--------------------------------|--|
- |                                        |                             |                              |                                  |
|----------------------------------------|-----------------------------|------------------------------|----------------------------------|
| 5. Does the skin problem <i>itch</i> ? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
|----------------------------------------|-----------------------------|------------------------------|----------------------------------|
- (i.e. is there excessive licking, biting, scratching, or chewing of the skin)
6. If it does itch, answer the following:
- |                                                                                            |                             |                              |                                  |
|--------------------------------------------------------------------------------------------|-----------------------------|------------------------------|----------------------------------|
| a. Is the itch severe?                                                                     | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
| b. How many times daily does your pet itch? _____                                          |                             |                              |                                  |
| c. Does the animal itch excessively over the entire body?                                  | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
| d. Where on the body does the animal itch? _____                                           |                             |                              |                                  |
| e. Does the animal rub the face/nose on the carpet or elsewhere (other than after eating)? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
| f. Does your pet chew its paws frequently?                                                 | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
| g. Does your pet stay awake at night itching?                                              | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
- |                      |                                       |                                   |                                  |
|----------------------|---------------------------------------|-----------------------------------|----------------------------------|
| 7. Are the symptoms: | <input type="checkbox"/> Non-seasonal | <input type="checkbox"/> Seasonal | <input type="checkbox"/> Unknown |
|----------------------|---------------------------------------|-----------------------------------|----------------------------------|
- |                                       |                                 |                                 |                                 |                               |
|---------------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|
| 8. If seasonal, during which seasons? | <input type="checkbox"/> Winter | <input type="checkbox"/> Spring | <input type="checkbox"/> Summer | <input type="checkbox"/> Fall |
|---------------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|
- |                                                                                                            |                             |                              |                                  |
|------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------|----------------------------------|
| 9. Have any of your pets had <i>fleas</i> , lice, ticks, or other external parasites within the last year? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
|------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------|----------------------------------|
10. What *area* of the body was involved *first*? \_\_\_\_\_
11. What area of the body was involved *next*? \_\_\_\_\_
12. What was the initial appearance of the involved skin? \_\_\_\_\_
13. Describe the changes of the involved skin as time went on: \_\_\_\_\_
14. What *aggravates* the condition? \_\_\_\_\_
15. What *improves* the condition? \_\_\_\_\_
16. What do *you think* caused the problem? \_\_\_\_\_
17. Treatments used:
- |                         |                     |
|-------------------------|---------------------|
| <i>Internally</i> _____ | <i>Result</i> _____ |
| _____                   | _____               |
| <i>Externally</i> _____ | <i>Result</i> _____ |
| _____                   | _____               |

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### PRIOR TO THE INITIAL APPOINTMENT

The more information that we have, the better we will be able to evaluate and treat your pet.

To help us serve you and your pet better, please bring:

- The completed Dermatology History and Client Information forms.
- All medications, including shampoos, conditioners and ear cleaners.
- Brand and ingredient labels from all the foods and treats you are feeding your pet.

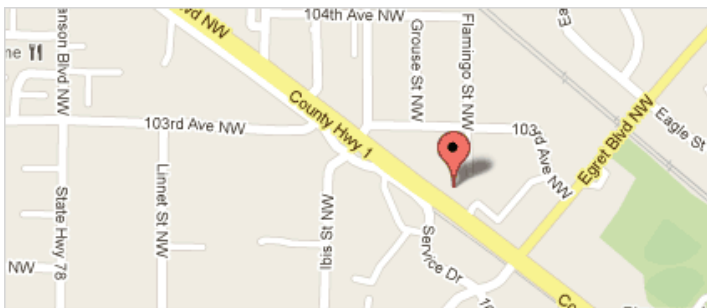
**Do not bathe your pet 5 days prior to the initial appointment.**

**Do not clean ears 3 days prior to the initial appointment.**

**Follow your veterinarian's recommendations** regarding other continuing treatment.

We will call your primary veterinarian and have the records sent in time for your initial appointment.

If your veterinarian requires your permission to send us records, we will ask you to have them mailed or faxed to us.



### DIRECTIONS

We are located three miles west of Northtown Shopping Center in Blaine. Our practice is in the Emergency Veterinary Service Clinic at 1615 Coon Rapids Blvd., between Egret Blvd. and Hanson Blvd., located on the north side of Coon Rapids Blvd. There are large blue signs with white lettering stating Emergency Veterinary Service on the building and on the street. Our practice name is on the front door.