



# Animal Allergy & Dermatology Clinic

James Jeffers, VMD, DACVD

9039 Gaither Road □ Gaithersburg, MD 20877 □ Phone (301) 977-9169 □ Fax (301) 977-7196

## Client Registration

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ \*

\*social security number is not required for cash or credit card transactions

Co-owner or Spouse Name: \_\_\_\_\_

Pet Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact phone numbers : Please list phone numbers in the order you would like us to call

( ) \_\_\_\_\_ home/work/cell

( ) \_\_\_\_\_ home/work/cell

( ) \_\_\_\_\_ home/work/cell

### FINANCIAL RESPONSIBILITY AGREEMENT

I understand that payment is expected at the time services are rendered unless prior arrangements have been made. If allergy vaccine is ordered for my pet, I understand that it is a custom-made product that can not be used for any other Animal Allergy and Dermatology (AADDC) patient. When I place an order for vaccine with an AADC staff member, I understand that I am responsible for the purchase of that product whether or not the product is used or ever picked up from AADC. I further understand that if any balance is not paid in a timely fashion, that I will be responsible not only for the balance due but for a \$15.00 monthly billing fee (due to the high cost of billing) as well as for any collection and/or reasonable attorney fees that are incurred in the attempt to collect this debt. I understand that a \$25.00 fee will be assessed for all returned checks.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## Patient Information

Date \_\_\_\_\_

Referring veterinarian: \_\_\_\_\_

Veterinarian's phone: ( ) \_\_\_\_\_

Veterinarian's address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pet's name: \_\_\_\_\_

Type of pet: Dog  Cat  Other \_\_\_\_\_

Breed: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Sex: male  neutered? yes  no

female  spayed? yes  no

Color: \_\_\_\_\_

Age when pet obtained: \_\_\_\_\_

Has pet ever lived/visited outside your current geographical area? yes  no

Number of **other** household pets:

Dogs: \_\_\_\_\_ Cats: \_\_\_\_\_ Other: \_\_\_\_\_

1. Main dermatologic complaint: \_\_\_\_\_
2. When did you first notice the skin problem? (month or season & year, if possible) \_\_\_\_\_
3. Where on the body did the problem begin? \_\_\_\_\_  
Where did it spread afterwards? \_\_\_\_\_
4. Which would you say best describes the progression of your pet's skin problem?  
 I first noticed a skin rash or hair loss which has never bothered my pet.  
 I first noticed a skin rash or hair loss and afterwards some itching (chewing, biting, scratching, rubbing or licking) developed.  
 I first noticed some itching (chewing, biting, scratching, rubbing or licking).
5. If your pet is itchy (chewing, biting, scratching, rubbing or licking) answer the following questions:
  - a) on a scale of 1 to 10 (1=minimal, 10=all day long), where would you place the intensity of your pet's itching?  
(circle one) 1 2 3 4 5 6 7 8 9 10
  - b) where does your pet itch (you may mark more than one)?  
\_\_\_ lower back/rump    \_\_\_ feet    \_\_\_ legs    \_\_\_ face    \_\_\_ ears    \_\_\_ belly  
\_\_\_ armpits/chest    \_\_\_ all over    \_\_\_ other (specify) \_\_\_\_\_
6. Is the problem year-round (nonseasonal)?  
 yes, it has always been year-round.  
 yes, but it used to be seasonal (only part of the year).  
 no (see question 7).  
 unknown.
7. If seasonal, which times of the year are the problem present or more severe? (you may check more than one season)  
 spring     summer     fall     winter

8. Which medications have been used to treat the skin problem?

<u>Drug</u>	<u>How much(mg)</u>	<u>How often</u>	<u>Last given when</u>	<u>Did it help</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9. Are there any other pets that have contact with the patient who show similar skin problems? (circle one)  
yes            no            there is no contact with other animals

10. Do you know of any littermates or the parents of the patient who have similar skin problems? (circle one)  
yes            no            unknown

11. Have any people at home developed skin problems since the patient started showing symptoms? (circle one)  
yes            no

12. What is your pet's diet (include snacks, treats, table scraps, chewable medications, etc.) \_\_\_\_\_  
\_\_\_\_\_

13. Please list other medical problems affecting your pet not related to the skin (i.e. diabetes, seizures, liver disease, etc.)  
and the drugs being used to treat those problems \_\_\_\_\_  
\_\_\_\_\_

14. Are any of the following present? (circle all that apply)

Coughing

Sneezing

Vomiting

Diarrhea or constipation (circle one)

Excessive urination?

Excessive thirst?

Weight change? (circle gain or loss)

Appetite change? (circle more or less)

Attitude change? describe change  
\_\_\_\_\_

15. On what approximate date was your pet's last heartworm test performed? \_\_\_\_\_  
The result of the last heartworm test was negative or positive? (circle one)

16. On what approximate date was your pet's last stool sample checked for intestinal parasites?  
Result negative or positive (circle one)  
If the result was positive was your pet dewormed and rechecked to be sure it was negative? (circle one)  
yes    no

17. Has your pet had any adverse reactions to any medication? (circle one)    yes    no  
If yes, please explain:  
\_\_\_\_\_