



Animal Allergy & Dermatology Clinic

James Jeffers, VMD, DACVD

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

Re-exam form Name: _____ Exam Date: _____

1. Describe the current skin problem: RASH HAIRLOSS ITCHING (circle all that apply)
other: _____

2. If your pet is itchy (chewing, biting, scratching, rubbing or licking) answer the following:

a) on a scale of 1 to 10 (1= minimal 10=all day long) place the intensity of your pets 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)

___ all over ___ feet ___ legs ___ face ___ ears ___ belly
___ armpits/chest ___ lower back/rump ___ other specify _____

3. Are there other pets that have contact with patient who show similar skin problems? _____

4. What has happened with your pets skin since last exam with Dr. Jeffers? _____

5. Is your pet on allergy vaccine? If so how much & how often: _____

6. What medications are you giving now? Please include all oral, topical, or injectables used.

Medication	Did it help skin?	Medication	Did it help skin?
_____	Yes/No	_____	Yes/no
_____	Yes/No	_____	Yes/no
_____	Yes/No	_____	Yes/no

7. Has your address, phone number or primary veterinarian changed? _____