



**Animal Allergy &  
Dermatology Clinic**

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**Patient Information Form**

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

Referring Vet Clinic: \_\_\_\_\_

Owner's (your) name: \_\_\_\_\_

Veterinarian name: \_\_\_\_\_

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

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

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

\_\_\_\_\_

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

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

Sex: Male  neutered? Yes  no

Female  spayed? Yes  no

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**1.** What skin or ear problem are you bringing your pet in for? \_\_\_\_\_

**2.** How old was your pet when the problem first started? \_\_\_\_\_

**3.** When the problem started, did it come on suddenly or gradually progress over a period of time? \_\_\_\_\_

**4.** What did the skin or ear problem look like initially? \_\_\_\_\_

**5.** How has it changed or spread? \_\_\_\_\_

**6.** The problem has been (check one): Continual, even with medication   
Continual, but better with medication   
Intermittent or sporadic

**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?  
Using a scale of 1 to 10 (1=minimal, as in a little more than normal, and 10=all day and night long) \_\_\_\_\_

**9.** Do you think the main skin or ear problem started with itching (chewing, biting, scratching, rubbing, licking) or started with a break out (rash, dermatitis, eruptions, coat changes) ? \_\_\_\_\_

**10.** When did your pet last receive any medication, and what medications were they? \_\_\_\_\_

**11.** Have any different "allergy-type" diets been tried (exotic meat like fish/venison/rabbit/kangaroo or prescription hypoallergenic)? If so, list the brand name(s) and for how long you fed it:  
\_\_\_\_\_

**12.** How often do you bathe your pet? \_\_\_\_\_ Please list name of shampoo: \_\_\_\_\_

13. Do you routinely use flea or tick preventive products (oral or topical, list brand): \_\_\_\_\_

14. Has pet ever lived/visited outside your current geographical area? Yes  no

15. What other pets are in the household? \_\_\_\_\_

16. Do any of the other pets have skin problems? \_\_\_\_\_ Do any people in the household have skin problems? \_\_\_\_\_

17. Do you know of any littermates, parents, or relatives of your pet with similar skin problems? yes  no

18. Does your pet have any diagnosed medical problems (i.e. heart murmur, diabetes, liver/kidney/bladder disease)?  
If yes, please provide name of disease(s) and drug treatments being given \_\_\_\_\_

19. Has your pet had any adverse reactions to medications? If yes, please explain \_\_\_\_\_

20. How much licking, biting, chewing, scratching, or rubbing does your pet do on the following areas of the body? (Check one box for each clinical sign.)

Body area	None	Mild	Moderately	Severe
Feet/paws				
Legs/arms				
Abdomen (belly)/genital area				
Armpits/chest/sides of body				
Face/eyes				
Ears/ear flaps				
Along the back or rump				
The tail itself				
Anal area				

21. On the list of medications below, check if they have been given and, if so, how much relief they produced. (Check box "Yes" if given and then how much the treatment helped.)

Treatment or Medication	Was the medication given?			If given, how much did it help?		
	Yes	No	Not sure	Helped a lot	Helped Somewhat	It did not Help
<b>Cortisone (Steroid)</b> (Temaril P, prednisone, Vetalog, Medrol, dexamethasone)						
<b>Antibiotics</b> (with no other medication given at the same time)						
<b>Antihistamines</b> (Benadryl, Zyrtec, hydroxyzine etc.)						
<b>Antifungal medications</b> (ketoconazole, fluconazole, terbinafine etc.)						
<b>Cyclosporine (Atopica)</b>						
<b>Apoquel</b>						
<b>Cytopoint</b>						

\*\*\*It is ideal, but NOT required, that corticosteroids be withdrawn for 2 weeks, while antihistamines are stopped 7-10 days, prior to your appointment. Atopica (cyclosporine) & Apoquel may be continued. Please continue all other medications that were recommended by your veterinarian. \*\*\*