

# VETERINARY DERMATOLOGY CENTER

Robert G. Buerger, DVM, DACVD

Board Certified Skin Disease Specialist

32 Mellor Avenue  
Baltimore, MD 21228

Phone 410-788-8130  
FAX (Dermatology) 410-788-9007  
Web [www.Vderm.com](http://www.Vderm.com)  
E-Mail [staff@Vderm.com](mailto:staff@Vderm.com)

## **APPOINTMENT INFORMATION (PLEASE READ CAREFULLY):**

If you cannot keep your appointment kindly notify us at least 48 hours in advance.

*Please contact your veterinarian prior to your appointment and ask for case information (previous tests, treatments, etc.) so we can better understand the medical history. It would be best if this information could be faxed or sent to us prior to the appointment so it can be reviewed. We cannot request this information. You must make the request and authorize the release of medical information.*

### **Here are a few requests:**

1. Fill out the enclosed information sheets ahead of time and bring them with you.
2. Do not bathe your pet for one week prior to the appointment (if possible).
3. Bring all medications you have used (including shampoos, tablets, flea products, etc.).
4. If allergy testing is anticipated please read the allergy test information at our website listed above.
5. Do not feed your pet after midnight the night before the appointment (unless a medical condition makes this impossible). Water is allowed.
6. Please bring the food labels from the pet foods you are feeding (esp. the ingredient list).

### **The cost of a dermatologic evaluation:**

It is difficult to estimate in advance the cost of a dermatologic evaluation and treatment. While most cases are fairly straight forward some are more complicated and present a greater challenge to diagnose and treat. The examination and consultation fee is \$190. With initial tests and treatments the initial office visit may be in the range of \$490-980+. IF allergies are present and IF allergy testing is indicated, the fee may be in the range of \$790-1190+ which includes the first set of treatment vials (lasts ~3 months).

### **Payment:**

Payment is expected at the time services are rendered. Cash, check, VISA, Mastercard, and Discover are accepted means of payment.

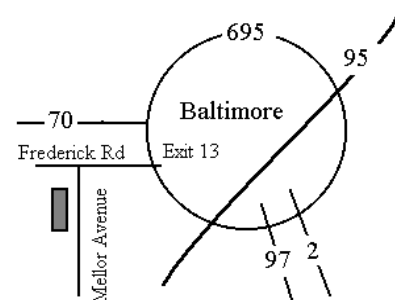
### **Directions:**

The dermatology clinic is located within the **Baltimore Veterinary Emergency and Referral Center** located at 32 Mellor Avenue in Catonsville, Maryland. From the Baltimore beltway (I-695), take the Frederick Road exit (exit 13) west to Catonsville. Go exactly 0.5 mile and turn left onto Mellor Avenue and then right into our parking lot. The Dermatology Center is on the left side of the building.

From I-95 (whether you are coming south through the Fort McHenry Tunnel or north from the Washington DC area) take exit 49 B (I-695 west). Proceed on I-695 to exit 13 (Frederick Road) and then go west to Catonsville. Then follow the instructions above.

***PLEASE KEEP IN MIND THAT MORNING TRAFFIC ON THE WEST SIDE OF THE BALTIMORE BELTWAY IS OFTEN VERY HEAVY. PLEASE ALLOW FOR AN ADDITIONAL 20 MINUTES OF TRAVEL TIME.***

©1/2017



Date \_\_\_\_\_

### CLIENT AND PATIENT INFORMATION

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Did your veterinarian refer you to this clinic? \_\_\_Yes \_\_\_No

Your usual veterinarian:

Dr. \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

FAX number \_\_\_\_\_

Pet's Name \_\_\_\_\_

Kind of pet: \_\_\_dog \_\_\_cat other \_\_\_\_\_

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

Sex: \_\_\_M (Neutered? \_\_\_yes \_\_\_no)

\_\_\_F (Spayed? \_\_\_yes \_\_\_no)

Birth date (month and year): \_\_\_\_\_

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

Obtained from: \_\_\_pet store

\_\_\_breeder \_\_\_\_\_Hum. Soc./SPCA

\_\_\_other \_\_\_\_\_

Age when obtained \_\_\_\_\_

Obtained in what state or country \_\_\_\_\_

State or countries traveled to \_\_\_\_\_

Number of OTHER household pets:

\_\_\_dogs \_\_\_cats other: \_\_\_\_\_

### General Health Information:

1. Pet's diet (include the number of times fed per day): \_\_\_\_\_  
\_\_\_\_\_

2. Please list other medical problems (those not related to the skin problem) (for example, heart disease, kidney disease, diabetes, epilepsy, etc.): \_\_\_\_\_  
\_\_\_\_\_

3. Please list drugs currently being given for these illnesses: \_\_\_\_\_  
\_\_\_\_\_

4. Other complaints:

Coughing?	___No	___Yes
Sneezing?	___No	___Yes
Vomiting?	___No	___Yes
Bowel movements:	___Normal	___Abnormal (Explain below)
Urination is:	___Normal	___Abnormal (Explain below)
Weight change?	___No	___Yes, weight gain ___Yes, weight loss
Appetite change?	___No	___Yes, increase ___Yes, decrease
Change in thirst?	___No	___Yes, increase ___Yes, decrease

5. Is heartworm preventative given as directed and on schedule? \_\_\_Yes \_\_\_No. It was last given on what date? \_\_\_\_\_  
Which heartworm preventative is given? \_\_\_\_\_ Last heartworm test was performed when? \_\_\_\_\_

6. Your pet was last checked for intestinal worms on what date? \_\_\_\_\_

7. Has your pet had any adverse reactions to any medications? \_\_\_Yes \_\_\_No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

8. Pet's lifestyle: percent of time indoors \_\_\_\_\_ percent of time outdoors \_\_\_\_\_

If outdoors (circle all that apply): always on a leash stays in a confined yard roams freely or unsupervised

Has a pen/ kennel/dog house is walked in public areas Swims other \_\_\_\_\_  
\_\_\_\_\_

9. Pet's nature with unfamiliar people: \_\_\_friendly \_\_\_fearful/untrusting \_\_\_may or will bite or fight

10. Pet's nature with unfamiliar pets: \_\_\_friendly \_\_\_fearful/untrusting \_\_\_may or will bite or fight

11. Is there anything else we should know about your pet? \_\_\_\_\_  
\_\_\_\_\_

Patient \_\_\_\_\_

Date \_\_\_\_\_

### DERMATOLOGY HISTORY SHEET

1. Briefly state the problem: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. When was the problem first noted (Month & Year, please)? \_\_\_\_\_

3. Is the problem year round?  
\_\_\_ Yes, it has always been year round.  
\_\_\_ Yes, but it used to be seasonal (only part of the year).  
\_\_\_ No.  
\_\_\_ Unknown.

4. Are problems more severe during particular season(s)? \_\_\_ No \_\_\_ Yes ( \_\_\_ Spring \_\_\_ Summer \_\_\_ Fall \_\_\_ Winter)

5. Is there scratching, chewing, licking or rubbing? \_\_\_ No \_\_\_ Yes  
Is it: \_\_\_ Severe or Constant \_\_\_ Moderate \_\_\_ Mild?  
Where does your pet itch, chew, lick, or rub? \_\_\_ lower back \_\_\_ feet/legs \_\_\_ face \_\_\_ ears  
\_\_\_ belly \_\_\_ arm pits \_\_\_ all over other \_\_\_\_\_

6. Where on the body did the problem begin? \_\_\_\_\_

7. Are fleas currently present on any of your pets? \_\_\_ Yes \_\_\_ No \_\_\_ Maybe  
When did you last see a flea on any of your pets? \_\_\_\_\_  
Do you give any medications to prevent fleas? \_\_\_ No \_\_\_ Yes  
If so, which products do you use? \_\_\_\_\_  
How often do you administer it? \_\_\_\_\_

How often are ticks seen on your pet? \_\_\_ Never \_\_\_ Occasionally \_\_\_ Frequently

8. Do other pets that have contact with the patient have skin problems? \_\_\_ Yes \_\_\_ No \_\_\_ No contact with other animals.

9. Do littermates or the parents of the pet have skin problems? \_\_\_ Yes \_\_\_ No \_\_\_ Unknown

10. Have any people in the house developed skin problems? \_\_\_ Yes \_\_\_ No

11. How often do you shampoo your pet? \_\_\_\_\_ With what? \_\_\_\_\_

12. How often do you clean your pet's ears? \_\_\_\_\_ With what cleanser? \_\_\_\_\_

13. 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>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

14. Which drug(s) helped most? \_\_\_\_\_

\_\_\_\_\_

15. Comments that you feel may be helpful: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_