

VETERINARY DERMATOLOGY CENTER

Robert G. Buerger, DVM, DACVD

Board Certified Skin Disease Specialist

32 Mellor Avenue
Baltimore, MD 21228

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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.

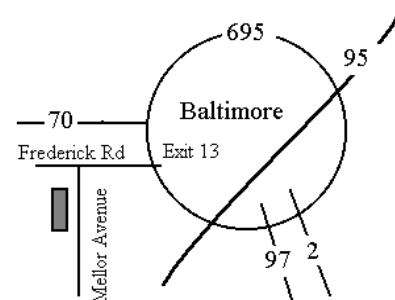
Directions:

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.

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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? _____
