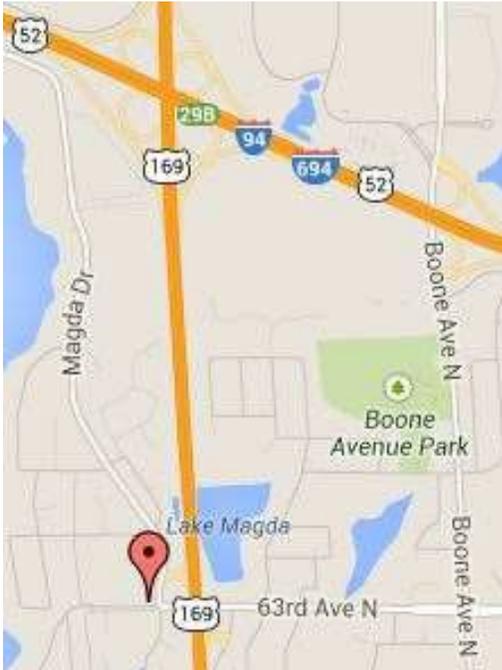




*Expert skin, ear, and allergy care
for the non-human family members.*

Phone: **763-210-1177** Fax: **763-210-6811**
Email: Info@PetDermatologyClinic.com
Website: www.PetDermatologyClinic.com

Client Information for Pet Dermatology Clinic



Dr. Melissa Eisenschenk, DVM, DACVD sees dermatology and ear cases at Pet Dermatology Clinic in Maple Grove. Please see our website petdermatologyclinic.com.

Address: **9712 63rd Ave N, Maple Grove, MN 55369**
Phone: **763-210-1177**
Email: info@petdermatologyclinic.com

Hours:

Monday	9am-7pm
Tuesday	9am-5pm
Wednesday	9am-5pm
Thursday	9am-5pm
Friday	9am-5pm
Saturday	9am-2pm
Sunday	Closed

Appointment Preparation:

Please fill out the New Client Form, available at the end of this handout. Please email or fax this form to us prior to your appointment or bring it with you.

Please do not feed your pet 3 hours prior to the appointment in case blood work or sedation is needed. Do not bathe your pet at least 24 hours prior to the visit.

What to bring:

It is helpful to bring all the medications and shampoos your pet is or was on. Bring a list of foods that you have tried and the ingredients in your pet's current food. If your dog feels more relaxed with a dog friend, feel free to bring them too.

Time:

New appointments take 1 hour typically. If allergy testing is involved, allow 2 hours.

What to expect:

For most skin diseases, there are no cures, only long term management. We will discuss options for management and develop a treatment plan tailored to your unique pet. Follow up is crucial,



*Expert skin, ear, and allergy care
for the non-human family members.*

Phone: **763-210-1177** Fax: **763-210-6811**
Email: Info@PetDermatologyClinic.com
Website: www.PetDermatologyClinic.com

communication (email, phone calls) about how your pet is doing along with recheck exams help to make sure your pet is progressing appropriately.

After each visit to our clinic your family veterinarian will receive a letter that details the dermatologic examination, results of tests, and treatments. Remember that we do not provide routine preventive care; your family veterinarian is responsible for vaccines, heartworm testing, and monthly preventives.

Allergy Skin Testing:

There are many other options for the management of allergies other than allergy skin testing and shots, we can discuss these with you at your appointment. If you are strongly planning on having allergy testing performed, your pet will need to be off certain commonly used allergy medications. Discuss with your veterinarian the proper tapering schedules for these medications, as some can have serious problems if tapered too quickly. If you are not able to taper medications without your pet becoming too uncomfortable, please meet with us for an initial exam prior to allergy testing so we can discuss options.

Drug	Withdrawal needed prior to skin testing
Injectable steroids (Depo-medrol, Vetalog)	6 weeks
Oral steroids (prednisone, Medrol)	2 weeks
Antihistamines (Benadryl, Hydroxyzine)	1 week
Topical steroids (Betagen spray, hydrocortisone)	24 hours
Cyclosporine (Atopica)	No withdrawal
Oclacitinib (Apoquel)	No withdrawal
IL-31 Antibody	No withdrawal

Prices:

- Initial exam and consultation: \$149.00
- Recheck exam: \$69-85
- Cytology: \$40-70 This is to determine what type of infection and/or cells are present.
- Skin testing for allergies: \$275 + \$79 sedation (if needed)
- Allergy desensitization therapy cost (shots or oral drops) varies based on the pet's size and number of allergens your pet is allergic to. In general, the cost is about \$235 + tax for a 5-6 month supply.



Expert skin, ear, and allergy care for the non-human family members.

Phone: 763-210-1177 Fax: 763-210-6811
Email: Info@PetDermatologyClinic.com
Website: www.PetDermatologyClinic.com

Owner Name _____ Spouse? _____

Address _____ City _____ State ____ Zip _____

Primary Phone _____ Other Phone _____

Email (this will be used for patient communications only) _____

Pet's Vet Clinic _____ Doctor _____

Pet Name _____ (choose) Canine Feline Equine Other

Breed _____ Birthdate or Age _____ Sex: (choose) M Neuter F Spay

Reason for Visit _____

When did the problem start, describe progression _____

How is your pet for examinations? _____

Illness: Please indicate past illnesses or conditions _____

Choose any current symptoms: coughing, sneezing, vomiting, diarrhea, not eating well, weight loss, weight gain, excessive drinking, excessive urination, fatigue, lethargy, eye discharge, behavioral change, other _____

Environment: List other animals in contact _____

Is your pet currently on flea/tick preventive? List type and frequency _____

Do any humans in the household have a skin problem? _____

How itchy is your pet? (scratching, rubbing, licking, biting) (circle) Not itchy, Mild, Moderate, Severe

Is the problem (circle) Year-round, Seasonal only, Unknown Worst time of year: Spring, Summer, Fall, Winter

Ears: Is the pet (circle) scratching the ears, shaking the head, have foul ear smell, discharge from the ears? _____

Ear medications: _____

Diet: What is your pet's current diet? _____

Supplements _____

Has a food trial been done? Yes No Length of trial _____ Food? _____

How frequently do you bathe and with what? _____

**List any known food or drug sensitivity _____

Please list below current and past drugs Dosage Did this treatment help at all?

Table with 3 columns: Please list below current and past drugs, Dosage, Did this treatment help at all? (Contains 6 empty rows for data entry)