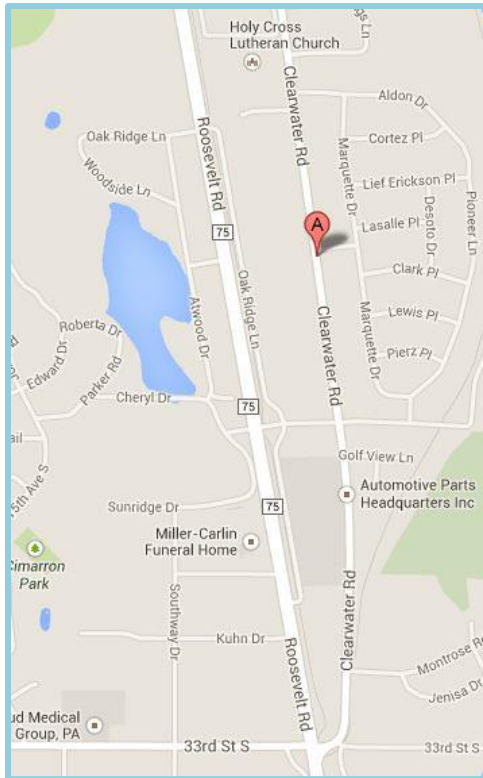




Expert skin, ear, and allergy care  
for the non-human family members.

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

## Client Information for the St. Cloud, MN Area



Dr. Melissa Eisenschenk, DVM, DACVD sees dermatology cases at [Companions Animal Hospital](#) located at 2703 Clearwater Rd, St Cloud, MN 56301. We travel to this location monthly. Please call Companions for appointments at 320-252-6700.

### 2016-2017 visit dates to St. Cloud:

Nov 8, 2016	Jun 13, 2017
Dec 13, 2016	July 11, 2017
Jan 10, 2017	Aug 8, 2017
Feb 14, 2017	Sept 12, 2017
Mar 14, 2017	Oct 10, 2017
Apr 11, 2017	Nov 14, 2017
May 9, 2017	Dec 12, 2017

### Appointment Preparation:

Please fill out the New Client Form. 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, 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



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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:

- Please call Companions Animal Hospital for current prices at 320-252-6700.



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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? and 6 rows of empty space for data entry.