Greetings!

Your pet is scheduled for an initial examination by our Dermatology, Allergy, & Ear Disease Specialists at the below date and time. The following instructions will help ensure that your pet is properly prepared for his/her first exam. Please note that if you are unsure of the specific skin or ear problem that your pet may suffer from, you may make an initial appointment without individual patient preparation or drug withdrawals (initial exam without diagnostics = $150). However, allergy testing may not be an option at the first visit. If you wish to have your pet tested for allergies at your initial exam, please follow the instructions below. If you are unable to keep the appointment listed above, please call (517) 353-4523 to reschedule or cancel. Please see our website for a complete list of all services offered by MSU’s Dermatology Department at: cvm.msu.edu/hospital/services/dermatology.

Thank you!

If you are certain you’re interested in allergy testing for your pet on your INITIAL VISIT, it is very important that you see the chart on the back of this form, use of these medications may make any allergy testing invalid. *SEE BACK* Please note: withdrawals take anywhere from 5-90 days, planning ahead is crucial.

### Day of Visit:
No FOOD.
No Tranquilizers.

Females CANNOT be tested if in estrus/season/heat, pregnant or in false pregnancy. Please call to reschedule: (517) 353-4523.

Medical history from the veterinarian MUST be brought with the client on the day of the appointment! This is to assist the Dermatologist, and it will be added to the patient’s medical record. This may include any or all of the following: photocopy of the patient’s record, summary of the patient history, diagnostic tests performed, ANY treatments and/or medications to date. Please be sure to request this information from your veterinarian(s) with ample time for the request to be processed. Please note: your veterinarian may fax a referral form and/or records to the VTH, but please also bring a copy with you to your initial visit.

The PRIMARY owner MUST BE PRESENT for the pet’s first exam of the day (about 2 hrs). The animal will be here most of the day, usually until between 3:00pm and 5:00pm. This is to allow time for diagnostic tests to be completed and for all dismissal information to be finalized. The information will be given to you and also forwarded to your regular veterinarian.

Costs discussed with you when making your appointment are listed below. These costs do NOT include any medication. Please use this as a guide, prices are subject to change.

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Exam Fee (includes biohazard fee and professional fee)</td>
<td>$150.40</td>
</tr>
<tr>
<td>Recheck Office Call (includes biohazard fee)</td>
<td>$50</td>
</tr>
<tr>
<td>Intradermal Test Fee (includes sedative)</td>
<td>$280</td>
</tr>
<tr>
<td>Allergy Serum Test Fee</td>
<td>$177</td>
</tr>
<tr>
<td>Average Visit Total Cost</td>
<td>$620-$820</td>
</tr>
</tbody>
</table>

Thank you for your attention to these details. We look forward to meeting you and your pet!
<table>
<thead>
<tr>
<th>Medication Class</th>
<th>Minimum Days Needed</th>
<th>Brand Name Examples Include but are not NOT limited to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL Repositol LONG LASTING Corticosteroids Progesterones</td>
<td>90 days</td>
<td>Betasone, Beta-Methasone, Depo-Medrol, Depo-Provera, Methyl Prednisolone Acetate</td>
</tr>
<tr>
<td>ALL REGULAR Corticosteroids Progesterones <em>Injected, oral, and/or topical</em></td>
<td>30 days</td>
<td>Animax, Azium, Cheque drops, DES, DVMax, Delta-Albaplex, Dexamethasone, Easotic, Ente Derm, Genesis Spray, GenOne Spray, Gentocin otic &amp; spray, Liquichlor, Malotic, Maxidex, Maxitrol, Medrol, Megace, Megestrol Acetate, Metravet, Mometamax, Otopax, Ovaban, Panalog, Posatex, Prednisolone, Prednisone, ResiCort, Surolan, Synotic, Temaril-P, Tresaderm, Triamcinolone, Tritop, Vetalog</td>
</tr>
<tr>
<td>ALL Antihistamines</td>
<td>14 days</td>
<td>Alavert, Allegra, Amitriptyline, Atarax, Benadryl, Chlorpheniramine, ChlorTrimeton, Claritin, Clemastine, Clomicalm, Clomipramine, Diphenhydramine, Elavil, Hydroxyzine, Loratidine, Phenyl-propanolamine, Proin, Tavist, Zyrtec</td>
</tr>
<tr>
<td>Dietary/Fatty-Acid Supplements</td>
<td>14 days</td>
<td>Allerderm EFA Caps, DERMA-3 Softgels, Derm caps, EFA-Vet, EFA-Z, Fish or Flax or ANY type of oil, Free Form Snip Tips, Nutrasol, Omega-3, PetTabs, PetTabs FA, 3-V Caps, Vitamin E</td>
</tr>
<tr>
<td>Foods &amp; Treats</td>
<td>14 days</td>
<td>Change dog’s diet over completely by 14 days prior to the appointment to Purina Dog Chow (found in regular grocery stores) - but NOT Purina Pro-Plan or Purina ONE or anything else (Cats do not need to have their food changed) Please call if you are unable to change your pet’s diet.</td>
</tr>
<tr>
<td>Baths &amp; Other Meds</td>
<td>7 days</td>
<td>Aspirin, Betadine, Carprofen, Chondroitin Sulfate, Cosequin, Dasuquin, Deramaxx, Eto-Gesic /Etodolac, Glucosamine, Goodwinol, Iodine, Ketofen, Metacam, Methylsulfonylmethane (MSM), Nolvasan, Phenylbutazone, Rimadyl, Tramadol, Tylenol, Zubrin, ANY/ALL NSAIDS, NO BATHS</td>
</tr>
<tr>
<td>ALL Antibiotics Antifungals</td>
<td>5 days</td>
<td>Albaplex, Baytril, Cefatabs, Cephalexin, Ciprofloxacin, Clavamox, Clindamycin,Dicurial, Fulvicin, Itraconazole, Ketoconazole, Lincoacin, Nizoral, Orbax, Oxacillin, Simplicef, Tetracycline, Tribrissen, Zeniquin</td>
</tr>
<tr>
<td>Medications NOT restricted:</td>
<td></td>
<td>Allergen shots, Apoquel, Atopica, Cyclosporine, any flea treatments, heartworm prevention, Hibitane, Ivermectin/Ivomec, Mitaban, Sulfodene, thyroid medication, witch hazel, Xenodine</td>
</tr>
</tbody>
</table>
Please complete this form and bring to your first visit.

PART I: (please use the line below each question to explain or comment about your answer)

1. Does the skin condition seem better or worse during any specific season? Which?

2. Do other pets in your household have skin problems?

3. Do any relatives of your pet have skin problems? Which?

4. Do any people in your household have skin problems?

5. If your pet is female:
   - Has she been spayed? If Yes, please skip to #6.
   - Are there irregular or abnormal heat cycles?
   - Has she ever been pregnant?

6. If your pet is male:
   - Has he been neutered? If Yes, please skip to #7.
   - Does he have a normal interest in females?

7. Is there any condition or environment that makes the skin problem noticeably worse?
   (i.e., Being outside? Walking on grass? The day you vacuum? Etc…)

8. Has your pet experienced vomiting or disagreement with certain foods?

9. Has your pet ever seemed ill from his skin disease (depressed, fever, not eating…)?

10. Regarding your pet’s stool:
    - Have there been changes to the character of the stool?
    - How many times a day does your dog have a bowel movement?
    - What is the consistency of each stool?
      - □ firm and formed
      - □ soft and formed
      - □ loose diarrhea

11. Where does your pet spend most of his time?
    - □ indoors
    - □ outdoors
    - □ other, specify:

12. Please check all environments your pet has access:
    - □ Your fenced yard
    - □ Another fenced area, specify:
    - □ Doggy daycare
    - □ City sidewalks
    - □ Dog park
    - □ City parks
    - □ Groomer
    - □ Kennel/boarding facility
    - □ Ponds/lakes/rivers/oceans
    - □ Open country fields
    - □ Wooded areas/forests
    - □ Other, specify:

Continue on back ➔

DERMATOLOGY HISTORY

Updated: 12/3/15 - MB
PART II:
Check any of the following that are now present, or have been present previously, relating to your pet’s skin:

- Scratch
- Greasy skin or coat
- Oozing sores
- Biting
- Scaly skin (dandruff)
- Open, bleeding sores
- Licking
- Crusty skin
- Hair loss
- Rubbing face on floor/furniture
- Reddening of skin
- Darkening of skin
- Scratching ears
- Pimples
- Lightening of skin
- Shaking head
- “Bumps” on skin
- Thickening of skin
- Dry skin or coat
- Fleas

PART III:

<table>
<thead>
<tr>
<th>YEARS</th>
<th>MONTHS</th>
<th>DAYS</th>
</tr>
</thead>
</table>

1. How long has your pet had a skin problem?

2. Age of pet when obtained:

3. Age when skin problem started:

4. Where on the body did the problem start?

5. What did it look like initially?

6. How has it spread or changed?

7. If your pet is scratching, did you notice the itching or the skin lesions first?  □ Itching  □ Lesions

8. Medications
   a. List any medication your pet has received for the condition, including pills, shampoos, lotions, ointments, dips, etc (now and previously):

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

   b. Have any of these helped?  □ Yes  □ No  If yes, which ones?

   ________________________________________________________________
   ________________________________________________________________

   c. Which medications, if any, is your pet currently receiving, including flea control, heartworm preventative and any supplements? (list name, dosage, and frequency):

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

   d. Do you bathe your pet?  □ Yes  □ No  If yes, with what and how frequently?

   ________________________________________________________________
   ________________________________________________________________

9. Any other thoughts you have relating to the skin disease (i.e., What do YOU think may be the cause of the skin problems?)

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

________________________________________  /  /20
Client Signature  Date