



Veterinary Medical Center  
College of Veterinary Medicine  
MICHIGAN STATE UNIVERSITY

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. The cost of the initial exam (not including any recommended diagnostics or treatment) is **\$210**.

If you wish to have your pet tested for environmental allergies at your initial exam, please follow the attached medication withdrawal instructions. Use of these medications may invalidate allergy testing. Please note: Withdrawals take anywhere from 3-90 days, so **planning ahead is crucial**. Allergy testing is not indicated for all patients, but allergy testing may need to be delayed if your pet does not meet the recommended withdrawal times.

If you are unable to keep your appointment, please call (517) 353-5420 to reschedule or cancel.

Please see our website for a complete list of all services offered by MSU's Dermatology service at: [cvm.msu.edu/dermatology](http://cvm.msu.edu/dermatology). Thank you!

**Day Before Visit:**

**No FOOD after MIDNIGHT**

**Water is OK**

	/ /20	:	a.m.
Day	Date	Time	p.m.

Intact females CANNOT be tested if in estrus/season/heat, pregnant or in false pregnancy. Please call to reschedule: (517) 353-5420.

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 send a referral form and/or records to CVM.Derm@CVM.msu.edu, but please also bring a copy with you to your initial visit. Please also complete the Dermatology History Form, attached.

The **PRIMARY** owner **MUST BE PRESENT** for the pet's first exam (allow about 2–3 hours). This is to allow time for diagnostic tests to be completed. If your pet is having a procedure done, please expect to be here for longer than the 2–3-hour approximation. An after-visit summary will be given to you and forwarded to the veterinarian you select during registration.

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.

Initial exam ( <i>includes biohazard fee and professional fee</i> )	<b>\$210</b>
Recheck office call ( <i>includes biohazard fee</i> )	<b>\$74</b>
Intradermal allergy test (skin test) ( <i>includes sedative</i> )	<b>\$350 - \$550</b>
Allergy serology test (blood test)	<b>\$340-350</b>
Payment methods: cash, check, American Express, Discover, MasterCard, Visa, Care Credit	

**Thank you for your attention to these details. We look forward to meeting you and your pet!**

## Minimum medication withdrawal times for **environmental allergy testing**

If you are NOT interested in environmental allergy testing, this can be disregarded.

***Failure to stop these medications may affect allergy test results. Please discuss your treatment plan with your primary care veterinarian prior to discontinuing any medications.***

Medication class	Minimum days needed since last dose	Examples of medications in this category: Generic & Brand Name
ALL LONG-LASTING STEROIDS & PROGESTERONES	Injected <b>90 days</b>	betamethasone (Celestone, Betasone), medroxyprogesterone (Depo-Provera), methylprednisolone acetate (Depo-Medrol), triamcinolone acetonide (Kenalog)
ALL REGULAR STEROIDS & PROGESTERONES	Injected/oral <b>30 days</b>	diethylstilbesterol (DES), dexamethasone, methylprednisolone (Medrol), megestrol acetate (Megace, Ovaban), prednisone, prednisolone, Temaril-P, <b>oral</b> triamcinolone or triamcinolone acetonide (Vetalog)
	Short acting topicals <b>14 days</b>	betamethasone (GenOne spray, Gentacalm spray, GentaVed otic, Gentocin spray, Otomax, MalOtic), dexamethasone (Maxitrol, neo/poly/dex, Tresaderm), fluocinolone (Synotic), hydrocortisone (products with suffix "HC," ResiCort, Zymox HC otic), hydrocortisone aceponate (Easotic), isoflupredone (Neo-Predef, Tritop ointment), mometasone (Mometamax, Posatex), prednisolone acetate (Surolan), triamcinolone acetonide (Animax, Entederm, Genesis spray, Panalog)
	Long acting topicals <b>45 days</b>	betamethasone (Osurnia), hydrocortisone (Oto-Pack), mometasone (Claro, Simplera), triamcinolone (Otipak, EKT ointment)
ALL ANTIHISTAMINES	<b>14 days</b>	amitriptyline (Elavil), cetirizine (Zyrtec), chlorpheniramine, clemastine (Tavist), clomipramine (Clomicalm), diphenhydramine (Benadryl), fexofenadine (Allegra), hydroxyzine, ketotifen (Alaway eye drops, Zaditor), levocetirizine (Xyzal), loratadine (Alavert, Claritin), meclizine, mirtazapine, olopatadine (Padaday), Redonyl Ultra
DIETARY & FATTY ACID SUPPLEMENTS	<b>14 days</b>	Allerderm (EFA caps, EFA-Z caps, Omegaderm), any CBD oil or supplements, Derm-Tabs, Derma-3 (soft gels, twist caps), Flexadin, Free Form Omega-3 (liquid, snip tips), Nordic Naturals Omega-3 Pet, Welactin, Zesty Paws (8-in-1 Multivitamin, Aller-Immune, Skin & Coat)  <b>*ANY omega-3 fatty acid, fish oil, or salmon oil supplement*</b>

NSAIDS & JOINT SUPPLEMENTS	3 days	<p>acetaminophen (Tylenol), aspirin, carprofen (Novox, Rimadyl, Vetprofen), chondroitin and/or glucosamine and/or methylsulfonylmethane (MSM) (Cosequin, Dasuquin, GlycoFlex, Greenies Hip &amp; Joint, Phycox, PetNC Hip &amp; Joint, Purina ProPlan Joint Care, Synovi G4 Joint Health, VetIQ Hip &amp; Joint, Zesty Paws Hip &amp; Joint), deracoxib (Deramaxx), etodolac (EtoGesic), firocoxib (Previcox), grapiprant (Galliprant), ketoprofen (Ketofen), meloxicam (Metacam), phenylbutazone ("bute"), robenacoxib (Onsior), tepoxalin (Zubrin), tramadol</p> <p><b>*If your joint supplement includes omega-3 fatty acids, fish oil, or salmon oil, please follow the 14-day withdrawal*</b></p>
FOOD & TREATS	14 days	<p>If your dog is eating a diet formulated for sensitive skin and you are interested in SKIN allergy testing, please change over their diet to <u>Purina Dog Chow</u> 14 days prior to the appointment. Cats do NOT require a food change.</p> <p>Diets that may affect test results include (but are not limited to): Royal Canin Skintopic, Hill's Derm Complete, Purina Proplan &amp; Hill's Sensitive Skin &amp; Stomach, Purina One Skin &amp; Coat, Blue Buffalo Skin &amp; Stomach Care</p> <p><b>*If you are unable to switch your pet's diet, blood allergy testing is still available for environmental allergies; however, we do NOT perform food allergy testing, as this is not accurate in dogs or cats*</b></p>
BATHS	24 hours	Please do not bathe your pet within 24 hours of their appointment
MEDICATIONS NOT RESTRICTED		<p>allergen-specific immunotherapy (injectable/subcutaneous, oral/sublingual), antibiotics, antifungals, Baytril Otic, cyclosporine (Atopica, Cyclavance), flea prevention, heartworm prevention, ivermectin (Ivomec), lokivetmab (Cytopoint), oclacitinib (Apoquel), Sulfodene, thyroid medications, witch hazel</p> <p><b>*Please continue to administer anti-anxiety medications such as gabapentin or trazodone if your pet requires it for anxiety associated with veterinary visits*</b></p>



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Please place  
**VetStar**  
Patient label here  
OR

8.01

☐ New Date: \_\_\_\_ / \_\_\_\_ /20\_\_\_\_  
☐ Recheck Time: \_\_\_\_ a.m.  
p.m.

MR#:  
Patient Name:  
Client Last Name:

**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)

	YES	NO	?
1. Does the skin condition seem better or worse during any specific season? Which?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do other pets in your household have skin problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do any relatives of your pet have skin problems? Which?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do any people in your household have skin problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. If your pet is male: Has he been neutered? If Yes, please skip to #7. Does he have a normal interest in females?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
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...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has your pet experienced vomiting or disagreement with certain foods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has your pet ever seemed ill from his skin disease (depressed, fever, not eating...)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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? <input type="checkbox"/> firm and formed <input type="checkbox"/> soft and formed <input type="checkbox"/> loose diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Where does your pet spend most of his time? <input type="checkbox"/> indoors <input type="checkbox"/> outdoors <input type="checkbox"/> other, specify: _____			
12. Please check all environments your pet has access: <input type="checkbox"/> Your fenced yard <input type="checkbox"/> Another fenced area, specify: <input type="checkbox"/> Ponds/lakes/rivers/oceans <input type="checkbox"/> Doggy daycare <input type="checkbox"/> City sidewalks <input type="checkbox"/> Open country fields <input type="checkbox"/> Dog park <input type="checkbox"/> City parks <input type="checkbox"/> Wooded areas/forests <input type="checkbox"/> Groomer <input type="checkbox"/> Kennel/boarder facility <input type="checkbox"/> Other, specify: _____			

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Updated: 5/17/2024

**DERMATOLOGY HISTORY**

**8.01**

**PART II:**

Check any of the following that are now present, or have been present previously, relating to your pet's skin:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Scratching                      | <input type="checkbox"/> Greasy skin or coat   | <input type="checkbox"/> Oozing sores         |
| <input type="checkbox"/> Biting                          | <input type="checkbox"/> Scaly skin (dandruff) | <input type="checkbox"/> Open, bleeding sores |
| <input type="checkbox"/> Licking                         | <input type="checkbox"/> Crusty skin           | <input type="checkbox"/> Hair loss            |
| <input type="checkbox"/> Rubbing face on floor/furniture | <input type="checkbox"/> Reddening of skin     | <input type="checkbox"/> Darkening of skin    |
| <input type="checkbox"/> Scratching ears                 | <input type="checkbox"/> Pimples               | <input type="checkbox"/> Lightening of skin   |
| <input type="checkbox"/> Shaking head                    | <input type="checkbox"/> "Bumps" on skin       | <input type="checkbox"/> Thickening of skin   |
| <input type="checkbox"/> Dry skin or coat                |  | <input type="checkbox"/> Fleas                |

**PART III:**

YEARS	MONTHS	DAYS

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? \_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
Date