



Metropolitan Veterinary Associates
 2626 Van Buren Ave
 Norristown, PA 19401
 610-666-1050

Date _____

DERMATOLOGY RE-CHECK FORM

I understand that there is an EXAM FEE associated with this visit – please initial: _____

*Changes in general health since we last saw you? _____

Are there other non-dermatological problems? _____

* Medications (list all ORAL and TOPICAL medications)

MEDICATION	DOSE (mg)	FREQUENCY	LAST GIVEN	EFFECTIVE

* Have you missed doses? If so, which and when? _____

* Have you run out of any medications? If so, which and when?

* Is your pet on flea and tick preventative? Y N If so, which one?

* Overall itch level 0 1 2 3 4 5 6 7 8 9 10

Focal spot/s _____

* Strict Food Trial? Y N How Long? _____ Effective? Y N

* Allergy Vaccine? Y N Dose? _____ How Often? _____

Last Given? _____ If there is an increase in itch related to vaccine, is it before the injection is due or after it was given? _____

* In order to assess infection level, cytologies may be taken from your pet. If needed, are these cytologies authorized to look at? Y N

Skin cytology (1) \$45, (2) \$67, (3) \$79

Ear Cytology (1) \$57