

**The Skin Vet****P:**09 216 6222 **F:**09523 6753**M:** 021754 683**W:** www.theskinvet.co.nz**E:** theteam@theskinvet.co.nz

NEW PATIENT INFORMATION FORM

Please email this completed form to theteam@theskinvet.co.nz
and also print and bring the form with you to your first appointment.

CLIENT INFORMATION (Your Details)

Title

Name

Phone (Home)

Phone (Work)

Phone (Mobile)

Email

Address

PATIENT INFORMATION (Your Pets Details)

Name

DOB/Age

Species

Canine

Feline

Other

Breed

Sex

Male

Female

Desexed

Yes

No

ABOUT YOUR PET

What is the main problem you are bringing your pet to see us for?

How long has this been a problem?

What area of your pets' body is involved?

Have you noticed any seasonality to the problem?

Worse in Summer

Worse in Autumn

Worse in Spring

All year round

Do you have any other pets?

Yes

No

Were any of your other pets acquired in the last few months?

Yes

No

If you do have other pets, do any of them have skin problems? Yes No

What do you feed your pet? Please be as specific as possible, e.g. brand, type and ingredients.

Have you ever tried a special diet with them? If so what was it, and how long was it fed for?

Is your pet on any medication at the moment? If so, please write down the name, dose, frequency (how often per day) and how long they have been taking each medication for.

Do you shampoo your pet? If so, note how often, and what you use to shampoo them with.

Does shampooing them seem to help or make them worse?

It helps It makes it worse I see no difference Not applicable

ABOUT YOUR REFERRING VETERINARIAN

What is the name and address of your referring veterinarian (the vet you would normally see at your usual practice)

Now you have completed this form save it and email it to theteam@theskinvet.co.nz

Also print the completed form and bring it with you to your first appointment.

THANK YOU FOR TAKING THE TIME TO
COMPLETE THIS FORM IT WILL HELP US
PROVIDE THE BEST POSSIBLE CARE FOR YOUR PET
