

# VETERINARY HEALING ARTS

## CLIENT INFORMATION FORM

Dr. Tiffany Tapp

Name \_\_\_\_\_ Spouse/Partner: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 May we call you at work?

Email: \_\_\_\_\_ Drivers License: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Referred by:

Primary Veterinarian: Name \_\_\_\_\_ Clinic Name: \_\_\_\_\_  
 Secondary Veterinary: Name \_\_\_\_\_ Clinic Name: \_\_\_\_\_  
 Friend  Family  Yellow Pages  Internet  Groomer \_\_\_\_\_  
 Other \_\_\_\_\_

It is very important to us that your pet's primary veterinarian know what treatment and medications your pet is receiving from us. Please provide the contact information of the veterinarian that you would like to receive these progress reports.

Veterinarian Name: \_\_\_\_\_ Clinic Name: \_\_\_\_\_  
Veterinarian Address: \_\_\_\_\_  
Veterinarian Phone Number: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Sex:  Male  Female  Spayed/Neutered  Intact  
Species:  Canine  Feline  Other \_\_\_\_\_  Breed: \_\_\_\_\_  
Color: \_\_\_\_\_ Birth date: \_\_\_\_\_ Weight: \_\_\_\_\_  
Originally obtained from: \_\_\_\_\_

Veterinary Healing Arts, Inc. (VHA) specializes in the treatment of allergies, ears, and skin disease only. If your pet has any other medical or surgical needs, you should consult with your primary care veterinarian.

All fees are due upon release of your pet. Any medications, antigens, or other medical supplies mailed to you will be billed separately and in addition to appointment charges. We accept cash, personal checks, MasterCard, Visa, Discover, American Express, as well as Apple Pay and other tap-and-go payments. Should any checks be returned for nonpayment there will be a \$30 returned check fee.

We are leaders and teachers in the field of veterinary dermatology. Medical files, thus case information, and/or photos may be used in teaching, forms, continuing education, website, veterinary literature, and the like. I authorize the release of case/patient information for such purposes; client confidentiality (names and personal information) will be maintained.

I understand that no guarantees can be made as to the results obtained from medical treatment. Further, I assume financial responsibility for all charges incurred by the patient.

Due to our busy caseload and long waiting list, we ask that if you must cancel your appointment you do so at least 24 hours beforehand so that we can try to help another client during your reserved time. There will be a cancellation fee should you not provide such notice. Please understand this is to allow all patients who need our services the chance to be seen.

\_\_\_\_\_  
**Signature of Owner or Responsible Agent**

\_\_\_\_\_  
**Date**

*After* you set up an appointment, please email this form to [info@vethealingarts.com](mailto:info@vethealingarts.com), fax it to 401.885.1165, or bring it with you to your appointment.

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## DERMATOLOGY HISTORY FORM

Dr. Tiffany Tapp

What is the primary complaint with the skin? \_\_\_\_\_

Are the ears involved? Yes/No? If yes, explain? \_\_\_\_\_

When did the problem start? \_\_\_\_\_

What was skin like initially? Normal skin, just itchy \_\_\_ Hair loss \_\_\_ Rash \_\_\_ Pimples \_\_\_  
Redness \_\_\_ Other \_\_\_\_\_

Where did the problem start? Nose \_\_\_ Eyes \_\_\_ Ears \_\_\_ Neck \_\_\_ Back \_\_\_ Paws \_\_\_  
Front Legs \_\_\_ Back Legs \_\_\_ Rump \_\_\_ Chest \_\_\_ Stomach \_\_\_  
Other \_\_\_\_\_

Has the problem spread? Yes/No. If yes, where? \_\_\_\_\_

Is your pet itchy? Yes/No

Was it itchy from onset of the problem or is it a new occurrence? Onset \_\_\_ New Occurrence \_\_\_

(Itchy = scratch, rub, chew, lick, bite, etc)

If your pet is itchy, please grade the degree of irritation on a scale of 1-10:

(minimal) 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ 6 \_\_\_ 7 \_\_\_ 8 \_\_\_ 9 \_\_\_ 10 \_\_\_ (severe)

Is the skin problem worse or more severe at a certain time of the year, or is it the same throughout the year? \_\_\_\_\_

If worse at a certain time of year, what time of year is it worse? \_\_\_\_\_

Do you have any other pets? Yes/No. If so, please list. \_\_\_\_\_

Do your other pets have any skin problems? Yes/No. If so, please describe. \_\_\_\_\_

Do any people in your house have a skin condition or problem? \_\_\_\_\_

### Diet Information

What do you feed your pet? \_\_\_\_\_

What type of supplements/vitamins do you give your pet? \_\_\_\_\_

What type of snacks or treats does your pet get (include human food) \_\_\_\_\_

### Medication Information

What medication is your pet currently on? \_\_\_\_\_

Has your pet ever had a reaction to any medication? \_\_\_\_\_

Is your pet on flea control? Yes/No. If yes, what type? \_\_\_\_\_

Is your pet on heartworm prevention? Yes/No. If yes, what type? \_\_\_\_\_

How often do you bathe your pet? \_\_\_\_\_

What shampoo do you use? \_\_\_\_\_

### Environment Information

What percentage of a day does your pet spend indoors? \_\_\_\_\_ Outdoors? \_\_\_\_\_

Please describe the outdoor environment \_\_\_\_\_

### Other Medical Problems

Does your pet have any other illnesses? Yes/No. If yes, which ones? \_\_\_\_\_

Does your pet do any of the following excessively: Cough \_\_\_ Sneeze \_\_\_ Runny eyes \_\_\_

Vomit \_\_\_ Diarrhea \_\_\_ Urinate \_\_\_ Drink Water \_\_\_\_\_

How many bowel movements does your pet have per day? \_\_\_\_\_

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