



RE-EXAM (Follow up) FORM

If you do not know the answer to a question or do not understand the question please
leave the answer blank DO NOT guess

A) GENERAL

Exam Date:

Owner Name:

Phone:

Clients Name:

Email:

Pets Name:

Breed:

Age:

Sex: M F M/N F/S

B) SYMPTOMS

1.) Describe the current skin problem:

Rash Hairloss Itching Other:

2.) If your pet is itchy (chewing, licking, biting, scratching or rubbing) answer the following:

a) On a scale of 1-10 (10 being worst) how itchy is your pet:

b) Where is your pet itching (list from most to least):

3.) Are there other pets that have contact with patient who show similar skin problems? Yes No

If YES describe:

4.) What has happened with your pets condition since the last exam with Dr.Charach:

5.) Is your pet on an allergy vaccines? Yes No

If so how much & how often:

6.) What medications are you currently or have been giving since the last visit with Dr.Charach, Please include all oral, topical or injectables used:

Medication

Did it help?

When was it last given

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

7.) Has your address, phone number or primary veterinarian changed? Yes No

New information: