



9421 N Robinson Avenue
OKC, OK 73114
Phone: 405-397-0353
Fax: 888-232-2864
records@redbudvet.com
www.redbudvet.com

New Patient Form

Download and save this form prior completing the fields.

Patient Information:	
Owner's Name:	Pet's Name:
Owner's Phone:	Dog Cat Other:
Referring Veterinary Clinic:	Age:
	Sex: Male Female
Dr.:	Spayed/Neutered: Yes No
	Breed:
Phone:	Color:

Where did pet come from (e.g. breeder/shelter/stray)?

Age when adopted:

Why are you bringing your pet to dermatology today?

When did problem(s) start?

Seasonal or continuous?

Are there times when problem is worse? Times when it is better?

Any therapeutics helped in the past?

--

Does your pet lick/chew/scratch/rub and where?

--

If yes, how would you rank the severity between 0 and 10 with 10 being the most severe itching that you could imagine?

--

If yes, are there areas on your pet's body that he/she focuses on? (front paws, hind paws, tail/back, arm pits, groin, ears, face)

--

Does your pet have a history of ear infections? If yes, how frequently?

--

List all medications, supplements and/or topical therapies that have been tried to your knowledge.

--

What medications, supplements and/or topical therapies are you currently giving?

--

Any therapeutics helped in the past?

--

Is your pet on year-round flea and tick preventative? If yes, what kind and how often?

--

Is your pet on heartworm preventative? If yes, what kind?

--

Has your pet had recent lab work (within the past 3 months)? If yes, when and where?

--

Approximate date (month/year) of last vaccinations:

--

Are there other pets in the house? If yes, what kind and how many?

--

Are any of the other pets experiencing similar issues?

--

Are other pets in the house on year-round flea preventative?

Are any of the people in the household experiencing similar issues?

Any recent changes in your household that we should be aware of? (new pet, new house, new baby)

Which of the following best characterizes where you live? (urban/suburban/rural)

What percentage of the time does your pet spend outdoors?

Has your dog traveled anywhere outside of Oklahoma in the past 2 years? If yes, when and where?

Does your pet have any behavioral issues that we should know about?

How frequently do you bathe your pet?

Do you clean your pet's ears?

Does your pet go to a groomer?

If it were medically necessary, could you bathe your pet more frequently? If no, what do you perceive to be the barrier? (time, facilities, physical difficulties, pet temperament, cost)

--

Do you have any difficulties medicating your pet?

--

Any other health problems of your pet that we should be aware of?

--

Has there been any change in activity level?

--

Has there been any change in thirst or urination?

--

Has there been any change in appetite?

--

Has there been any change in weight (gain or loss)?

--

Has there been any coughing or sneezing?

--

Has there been any runny eyes or nose?

--

Has there been any limping?

--

Does your pet have any history of vomiting?

--

Does your pet have any history of diarrhea or soft stools?

--

Is there a history of belching and/or flatulence?

--

On average, how many bowel movements does your pet have a day?

--

What food(s) does your pet eat?

How long have they been fed that food?	
--	--

Why did you choose that food?

Does your pet eat dry food, canned food, or both?	
---	--

Does your pet eat table scraps or people food?	
--	--

To the best of your recollection, what food(s) has your pet consumed in the past?

Has your pet ever had a veterinarian recommended diet trial (with a prescription grade food of at least 8 weeks duration)?

If you have other pets, are they fed in the same area?	
--	--

Please save this document and email to: records@redbudvet.com. If you cannot email, then please fax to 888-232-2864.