



**Kinga Gortel DVM, MS, Diplomate ACVD**  
**WESTBANK ANIMAL CARE HOSPITAL**  
 2429 Drought Road  
 West Kelowna, BC V4T 1P7  
 Tel: 250 768 4688 FAX: 250 768 9731  
[www.westbankanimalcare.ca](http://www.westbankanimalcare.ca)  
 Email: [westbankanimalcarehosp@gmail.com](mailto:westbankanimalcarehosp@gmail.com)

**Dermatology patient and client information:**

Owner name:		
Other owner or agent:		
Address:		
City:	Province:	Postal code:
Phone (home):	Phone (cellular):	
Email:	Occupation:	
Pet's name:	Species:	
Breed:	Colour:	
Age:	Gender:	
Primary care Veterinarian:		
Clinic:		
Referring Veterinarian (if different from above):		

I am the owner (or authorized agent for the owner) of this pet and am over 18 years of age. By signing below, I authorize Dr. Kinga Gortel and the staff of Westbank Animal Care Hospital to treat my pet. I assume financial responsibility for all charges incurred by my pet. I realize that payment is due at the time services are rendered and that an estimate will be made available to me upon request. I authorize the transfer of information regarding my pet to my referring veterinarian and the use of my pet's images for teaching, lecture, or publication purposes.

Signature of owner/authorized agent	Print name	Date

## Dermatology History:

My pet's main problems are (check):

Ear problems		Excess itching, biting, or licking	
Nail or footpad problems		Hair loss, shedding	
Strong odor		Changes in skin colour	
Pimples, pustules, or crusts		Other:	

Main problem areas (check):

Neck		Chest, armpits	
Face		Paws	
Elbows		Ears	
Abdomen, groin		Rump, tail	
Other:			

Degree of itching on a scale of 1 (none) to 10 (constant): \_\_\_\_/10

When did the problem first appear? \_\_\_\_\_

Where on the body did the problem first appear? \_\_\_\_\_

Does the itching change at different times of the year? \_\_\_\_\_

Do any other pets in the home have skin problems? \_\_\_\_\_

Have any family members recently experienced itching or rashes? \_\_\_\_\_

Has your pet traveled outside of B.C.? If so, where? \_\_\_\_\_

Current diet: \_\_\_\_\_

Current snacks, treats supplements: \_\_\_\_\_

Has a hypoallergenic diet ever been tried? If so, which one? \_\_\_\_\_

Environment (please check):

- Mostly indoors? \_\_\_\_\_
- 100% indoors? \_\_\_\_\_
- Mostly outdoors? \_\_\_\_\_

Treatments that have been effective: \_\_\_\_\_

\_\_\_\_\_

Treatments that have NOT been effective: \_\_\_\_\_

\_\_\_\_\_

When were steroids (cortisone injections or pills) last given? \_\_\_\_\_

When were antihistamines last given? \_\_\_\_\_

Bathing frequency and shampoo used: \_\_\_\_\_

Previous adverse drug reactions or allergies: \_\_\_\_\_

Illnesses other than skin: \_\_\_\_\_

\_\_\_\_\_

Have there been any recent changes in appetite, bowel movements, drinking, urination, or weight? \_\_\_\_\_

\_\_\_\_\_

**Thank you for taking the time to complete this form.** Please feel free to add any other information that you feel may be important: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your pet was referred to Westbank Animal Care Hospital by your primary Veterinarian for dermatology consultation only. We will update your Veterinarian shortly with the results of today's visit. **Please be sure to follow up with him or her for all other medical care required by your pet.**