

North Toronto Animal Clinic

Dermatology and Behaviour Specialists

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www.dermvet.ca

Dermatologist: Stephen Waisglass, BSc., D.V.M., CertSAD, DACVD

Behaviourist: Gary Landsberg, B.Sc., D.V.M., dip ECVBM-CA, DACVB

SECTION B: TO BE COMPLETED BY THE REFERRING VETERINARIAN:

Dear Doctor,

Thank you for taking the time to complete the questionnaire. A written report will follow the examination. Please do not hesitate to call, should you have any questions about this, or any other case. Completed forms can be sent by E-mail at: northtorontovets@rogers.com, faxed to 905-881-6726, or mailed to the NORTH TORONTO ANIMAL CLINIC, 99 HENDERSON AVENUE, THORNHILL, ONTARIO, L3T 2K9

STEVE WAISGLASS BSc, DVM, CertSAD, DACVD

Doctor:

Clinic

Address:

City / Town:

Postal code:

Phone: ()

Fax: ()

Pet's Name:

Owner's Name:

Pet's weight:

Kg

Sex:

Age:

Breed:

RELEVANT MEDICAL HISTORY:

**DOES THE PET HAVE ANY RELEVANT NON- DERMATOLOGICAL DISEASE?
ARE THERE ANY ANTIBIOTIC OR ANESTHETIC SENSITIVITIES? IF SO, PLEASE
DESCRIBE:**

DERMATOLOGIC HISTORY:

PLEASE BRIEFLY DESCRIBE THE COURSE OF THE DISEASE AND LESIONS NOTED:

THERAPEUTIC HISTORY:

PLEASE LIST MEDICATIONS USED, INCLUDING DOSE, DATES OF TREATMENT, DURATION OF THERAPY AND ANY RESPONSE:

Is the pet on heartworm or flea prevention? Please list type:

DIAGNOSTIC TESTS:

**PLEASE SEND ALONG COPIES OF ANY DIAGNOSTIC TESTS. OTHERWISE,
PLEASE LIST ANY DIAGNOSTIC TESTS PERFORMED, WITH DATE RUN AND
FULL RESULTS:**

ANY SUGGESTIONS OR COMMENTS?