

METROPOLITAN VETERINARY ASSOCIATES

CELEBRATING 30 YEARS OF SPECIALIZED VETERINARY SERVICES AND 24 HOUR EMERGENCY CARE



Client Name: _____ Patient Name: _____

Dermatology Skin Testing Questionnaire

Having information on the trees that are around your home are helpful when formulating vaccine, but not essential. Please fill out to the best of your knowledge. If you are unsure, mark as maybe and Dr. Farver will assume all these trees could be in your environment.

- Maple/Box Elder _____
- Alder _____
- Poplar _____
- Beech _____
- Pine _____
- Red Cedar/Juniper _____
- Ash _____
- Birch _____
- Oak _____
- Elm _____
- Hickory _____
- Mulberry _____
- Walnut _____
- Willow _____
- Sycamore _____
- Bayberry _____

1. Do you live near any wheat farms?
2. Do you notice your pet's allergy symptoms are worse when it is damp out?
3. Has your property ever had a history of mold?
4. Does your pet spend time in the basement?
5. If we are skin testing your dog, is there also a cat in the house?
6. If we are skin testing your cat, is there also a dog in the house?
7. Is your pet on a flea preventative?
If yes, please indicate which product _____
8. Is there any wool in the house? (Wool can be in carpeting, throw rugs, clothing, or car seat covers.)
If yes, please indicate if these items can be removed _____
9. Are there any objects in the house that have feathers in them or do you own any birds?
If yes, please indicate if any of these items can be removed _____

**Which vaccine type have you chosen to use for immunotherapy?
(Please circle) Sublingual or Injectable**



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