



Animal Dermatology & Allergy

Owner Information

Last Name: _____ First Name: _____
Address: _____ City: _____
State: _____ Zip Code _____ Email: _____
Home: _____ Fax: _____ Cell: _____
Work: _____ only call at work in case of emergency
Drivers License: _____

Pet Information

Pet Name: _____ Date of Birth or Estimate of Age: _____
Sex: Male Neutered Female Spayed Species: Dog Cat
Breed: _____ Weight: _____

Referral Information

Referred by: Veterinarian _____ Internet _____ Yellow pages _____
Friend/family _____
Groomer _____
Other _____

It is very important that your pet's primary veterinarian know what treatment and medications your pet is receiving from us. Please provide the contact information of the veterinarian you would like to receive these progress reports.

Veterinarian Name: _____ Clinic Name: _____

Animal Dermatology & Allergy specializes in the treatment of allergies, ears, and skin disease only. Your primary care veterinarian will continue to provide any other medical needs of your pet. Animal Dermatology & Allergy does not provide after hours emergency care. In case of a medical emergency, you should contact your primary care veterinarian or an emergency veterinary facility in your area.

Payment is due at the time of service. The fees charged to you today cover only today's visit. Future services and medications will be invoiced separately. We accept cash, personal checks, MasterCard, Visa, Discover, and American Express.