



Today's Date:

Referring Veterinarian Information

Name: _____ Hospital: _____
Address: _____
Phone: _____ Fax: _____ Email: _____

Preferred method of receiving information from AA : Fax Email Phone
A visit summary will be sent to you within 24-48 hours of your patient's appointment

Client Information

Name: _____ Phone(s): _____
Address: _____

Patient Information

Pet's Name: _____ Breed: _____ Sex: _____
Date of Birth/Age: _____ Weight: _____

Is or has this pet become aggressive in your office? Yes _____ No _____
Has this pet experienced any adverse reactions or problems during anesthesia or with sedation?
Yes _____ No _____ *Please explain:*

Has this pet had any adverse or allergic reactions to medications, topical or vaccines?
Yes _____ No _____ *Please explain:*

Other Medical or Surgical Problems:

Reason for Referral:

Current or Most Recent Medications:

Summary of Dermatologic History:

Additional comments/Special requests:

Please fax the complete medical history and any lab work (including serum/blood allergy testing) to (702) 644-9261.

6032 S. Durango Drive STE 100 * Las Vegas, NV 89113
Office: 702.243.1885 * Fax: 702.644.9261 * WWW.ANIMALDERMSPECIALISTS.COM
Consult?: Dr. Ann Trimmer is available at DRTRIMMER@ANIMALDERMSPECIALISTS.COM
Questions?: Please contact the office at STAFF@ANIMALDERMSPECIALISTS.COM