ANIMAL ALLERGY & DERMATOLOGY SPECIALISTS

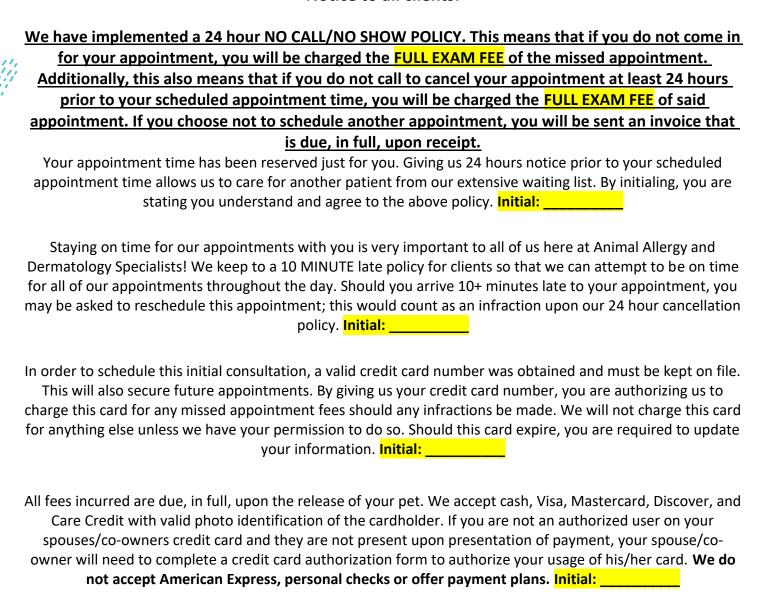
Date:	
Owners Name:	
Co-Owner/Spouse:	
Address:	
City, State, Zip:	
Home Phone:	Cell Phone:
Work / Other:	
Email:	
Preferred Method of Contact, please circle	e one:
Home Phone	Work / Other
Cell Phone	Email
Employer:	
Position:	
Family Veterinarian:	
Animal Hospital:	
Following your pets visit, with your permis	ssion, we send a copy of our exam findings and
recommendations to your family veterinar	
Please indicate whether or not we have yo	
YesNo	
Is there anyone else you would like us to s	end information to?:
Pet's Name:	·····
Species: Cat Dog Other Sex: M	F Neutered/Spayed: Yes No Age/DOB:
Breed: Color:	
Whom wore you referred by?. Veteri	inarian Internet Vellow Pages Greener
	inarian Internet Yellow Pages Groomer : Friend:





PLEASE READ CLOSELY AND INITIAL EACH OF THE FOLLOWING

Notice to all clients:



Continued on the next page...

I accept financial responsibility for all charges incurred. Initial: ______





PLEASE READ CLOSELY AND INITIAL EACH OF THE FOLLOWING

Continued...

Animal Allergy and Dermatology Specialists specializes in the treatment of allergies, allergy related diseases and skin diseases. Your pet's examination will focus on his/her dermatological and/or allergy problems. If you pet has any other medical or surgical needs, this should be addressed by your family veterinarian. Initial:
Allergy serum is made specifically for each pet based on their test results. As such, allergy serum must be paid for prior to preparation. Additionally, any medications that are mailed to you must be prepaid. Initial:
We are leaders and teachers in the field of veterinary dermatology. Thus, case information and/or photos mabe used for teaching, lecturing, or scientific publications. In all cases, patient and client confidentiality will be maintained. Initial:
I am the owner/owner's agent for the prior described pet and I grant permission for Animal Allergy and Dermatology Specialists to treat/examine my pet. Initial:
I understand that no guarantee can be made as to the results obtained from medical treatment. Initial:
Has your pet ever been aggressive towards humans or other animals? Yes No If you answered yes, we ask that you muzzle your pet prior to entry and call us from the parking lot so that w may escort you into the building safely. Falsely identifying a pets temperament and/or failure to comply with safety protocol may result in our inability to adequately examine your pet and retain you as a client. Please less us know if your pet requires special attention. Initial:
By signing below, you are hereby acknowledging that you have read and understand all of the above. A signed copy of this form can be given to you upon request.
Client Name (as on account):
Client Signature: Date:
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animaldermspecialists.com phone 702.243.1885 fax 702.644.9261

