

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 one:

Home Phone

Work / Other

Cell Phone

Email

Employer:

Position:

Family Veterinarian:

Animal Hospital:

Following your pets visit, with your permission, we send a copy of our exam findings and recommendations to your family veterinarian.

Please indicate whether or not we have your permission to send these updates.

Yes No

Is there anyone else you would like us to send information to?:

Pet's Name: _____

Species: Cat Dog Other Sex: M F Neutered/Spayed: Yes No Age/DOB: _____

Breed: _____ Color: _____

Whom were you referred by?: Veterinarian _____ Internet _____ Yellow Pages _____ Groomer _____
Other: _____ Friend: _____



PLEASE READ CLOSELY AND INITIAL EACH OF THE FOLLOWING

Notice to all clients:

We have implemented a 24 hour NO CALL/NO SHOW POLICY. This means that if you do not come in for your appointment, you will be charged the FULL EXAM FEE of the missed appointment. Additionally, this also means that if you do not call to cancel your appointment at least 24 hours prior to your scheduled appointment time, you will be charged the FULL EXAM FEE of said appointment. If you choose not to schedule another appointment, you will be sent an invoice that is due, in full, upon receipt.

Your appointment time has been reserved just for you. Giving us 24 hours notice prior to your scheduled appointment time allows us to care for another patient from our extensive waiting list. By initialing, you are stating you understand and agree to the above policy. **Initial: _____**

Staying on time for our appointments with you is very important to all of us here at Animal Allergy and Dermatology Specialists! We keep to a 10 MINUTE late policy for clients so that we can attempt to be on time for all of our appointments throughout the day. Should you arrive 10+ minutes late to your appointment, you may be asked to reschedule this appointment; this would count as an infraction upon our 24 hour cancellation policy. **Initial: _____**

In order to schedule this initial consultation, a valid credit card number was obtained and must be kept on file.

This will also secure future appointments. By giving us your credit card number, you are authorizing us to charge this card for any missed appointment fees should any infractions be made. We will not charge this card for anything else unless we have your permission to do so. Should this card expire, you are required to update your information. **Initial: _____**

All fees incurred are due, in full, upon the release of your pet. We accept cash, Visa, Mastercard, Discover, and

Care Credit with valid photo identification of the cardholder. If you are not an authorized user on your spouses/co-owners credit card and they are not present upon presentation of payment, your spouse/co-owner will need to complete a credit card authorization form to authorize your usage of his/her card. **We do not accept American Express, personal checks or offer payment plans.** **Initial: _____**

I accept financial responsibility for all charges incurred. **Initial: _____**

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**ANIMAL
ALLERGY &
DERMATOLOGY
SPECIALISTS**

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 your 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 may be 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 we may escort you into the building safely. Falsely identifying a pet's 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 let 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:** _____

