



Phone (239) 948-9434

Fax (239) 948-9760

www.animalderm.net

Owner Information

Last Name: _____ First Name: _____

Address: _____ City: _____

State: _____ Zip Code _____ Email: _____

Home: _____ Fax: _____ Cell: _____

Work: _____ only call at work in case of emergency

Pet Information

Pet Name: _____ Date of Birth: _____

Sex: Male Neutered Female Spayed Species: Dog Cat

Breed: _____ Weight: _____

Referral Information

Referred by: Veterinarian _____ Internet
 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, and American Express.