



1-877-604-8366
www.dermatologyforanimals.com

DERMATOLOGY FOR ANIMALS

NEW CLIENT FORM

Thank you for giving us the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

Owner # 1: _____ Owner # 2: _____

Address _____ City _____ St _____ Zip _____

Home Phone: _____ Cell: _____ Work: _____

Email Address: _____

May we contact you by Cell and/or Email: Yes No How did you hear about us? _____

Your email address will not be shared with advertisers

Referring Veterinarian: _____ Veterinary Hospital: _____

PET INFORMATION

Please complete the following for the pet we are seeing today:

Name of Pet: _____ Dog/Cat/Other: _____ Breed: _____

Age/ DOB: _____ Sex: _____ Color: _____

Known Drug Allergies: _____

Medications your pet is taking now: _____

Other Pets in the Household:

Name: _____ Species: _____ Breed: _____ Age: _____

Name: _____ Species: _____ Breed: _____ Age: _____

All Fees Are Required to be Paid in Full upon Completion of the Visit. Most examinations will also include a cytology and/or skin scraping fee, which is in addition to the examination fee.

- I authorize and direct the veterinarians at the Dermatology for Animals to diagnose, prescribe, perform therapeutic procedures, and/or surgery that their judgment may dictate to be advisable for the patient's well being. NO warranty or guarantee has been made as to the result or cure. **Dermatology for Animals is not a 24-hour facility.**
- In the event any balance due hereunder is not paid as agreed, the undersigned jointly and severally agree to pay all cost including said unpaid balance, and including a reasonable collection and/or attorney's fees.
- I authorize Dermatology for Animals to take my credit card number over the phone to pay for any refills needed. I understand once processed, my credit card number and associated numbers will be shredded.
- Dermatology for Animals requests you give us **24 hours notice of cancellation** of your appointment so we may offer the time to another client. If this notice is not given or you do not show up for your scheduled appointment, a \$75 fee will be charged to our account. This will need to be paid as well as a prepaid exam when you schedule your next appointment.

Signature of Owner _____ Date _____

I authorize Dermatology for Animals to use photos or case information for educational and/or printed materials without compensation or approval rights.

Signature of Owner _____ Date _____