



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 \_\_\_\_\_