

**ORANGE PARK**

275 Corporate Way, Suite 100

Orange Park, Florida 32073

**Admission Form**



**JACKSONVILLE**

Telephone: (904) 215-9293

Fax: (904) 215-9278

Date \_\_\_\_\_

Owner Name \_\_\_\_\_ Spouse Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Place of Employment \_\_\_\_\_

Spouse Place of Employment \_\_\_\_\_

Referring Veterinarian \_\_\_\_\_

Pet Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Sex \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_ Date of Birth \_\_\_\_\_ Weight: \_\_\_\_\_

How did you first hear about us? (Referring Veterinarian, Friend, Ad, Etc.)  
\_\_\_\_\_

**Payment Policy**

I understand that payment is expected in full at the time services are rendered, and assume full financial responsibility for all diagnostic and therapeutic procedures. I agree to make full payment for all services with cash, check, Visa, Mastercard, Discover, or American Express. I agree to pay reasonable attorney's fees and collection cost should collection become necessary.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

I understand that Animal Friends Dermatology has the right to charge for cancelled or broken appointments without 24 hours advance notice \$ 65 for New patient / \$ 25 for Re-evaluation appointment.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

Owner's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

1. Describe your pet's skin/or ear problem:

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2. How long has the skin/or ear problem been present?

3. How old was your pet when the problem first appeared?

4. Was the onset gradual ( ) or sudden ( )?

Is the skin/ear problem intermittent ( ) continual ( )?

5. Is there a relationship between the severity of the pet's skin/ear condition and the season of the year? Yes ( ) No ( ) If so, what seasons?

6. Describe the skin/or ear problem as it **first** appeared.

7. What parts of your pet were **first** affected?

8. Does your pet chew ( ), bite ( ), scratch ( ), rub ( ), or lick ( ) itself excessively? If so what areas?

9. Was itching the first sign of your pet's skin/or ear disease that you noticed?  
Yes( ) No( )

10. Has your pet always lived in this part of the country? Yes ( ) No ( ) If no, where?

11. Does your pet spend most of the day indoors ( ), outdoors ( ), in-and-out ( )?

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12. Describe the indoor environment of your pet (such as the pet's bedding, where it sleeps, etc.)

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13. Describe the outdoor environment (grass, weeds, wooded areas, dirt, etc.)

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14. Please list any other pets.

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15. Do any of your other pets have similar conditions? Yes ( ) No ( )

16. Are you aware of any relatives of your pet having a similar problem? Yes ( ) No ( )

17. Has anyone in your household had skin/ear problems since your pet was affected?

Yes ( ) No ( )

18. Have you noticed fleas on your pet(s)? Yes ( ) No ( )

What flea treatment was used on the pet or in the environment?

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19. Has previous treatment for fleas helped your pet's problem? Yes ( ) No ( )

20. What treatment has your pet received for its skin problems and what response was there to this treatment?

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21. Have you noticed any change in the health or behavior of your pet coincidental with the development of the skin condition? If yes, please describe.

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**Authorization/Release Form**

I hereby authorize and give my permission to Animal Friends Dermatology to use and reproduce photographs of my pet(s). I understand these photographs taken of my pet may be used in electronic or printed material for educational or promotional purpose only. Animal Friends Dermatology respects our client's personal information and will not use any personal client information with regard to photographs or written material.

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Client Signature

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Date

If at any time, you would like for us to discontinue use of your pet's photographs, please notify us.

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**Preparing For Your Visit**

Please bring all of your pet's medications, past and present, including shampoos, topical medications, over the counter products, etc.

Please do not bathe your pet three days prior to your appointment.

Please discontinue any topical medications one to two days prior to your appointment.

Please do not use any ear cleaners or ear medications one day prior to your appointment.

Please print and thoroughly complete the attached New Client Paperwork and bring it with you to your appointment.

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Please allow 24 hours' notice if you need to reschedule or cancel your appointment.