

Animal Friends Dermatology

Admission Form

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/ Clinic _____

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

Animal Friends Dermatology

Owner's Name _____ Pet's Name _____

1. Describe your pet's skin problem. _____

2. How long has the skin problem been present? _____
3. How old was your pet when the problem first appeared? _____
4. Was the onset gradual () or sudden ()?
Is the skin problem intermittent () continual ()?
5. Is there a relationship between the severity of the pet's skin condition and the season of the year? Yes () No () If so, what seasons? _____
6. Describe the skin 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 disease that you noticed? Yes () No ()
10. Has your pet ever had ear problems? Yes () No () When? _____
What medications have been used to treat the ears and how frequently are they used?

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

12. Does your pet spend most of the day indoors (), outdoors (), in-and-out ()?
13. Describe the indoor environment of your pet (such as the pet's bedding, where it sleeps, etc.) _____
14. Describe the outdoor environment (grass, weeds, wooded areas, dirt, etc.) _____

15. Please list any other pets. _____
16. Do any of your other pets have similar conditions? Yes () No ()
17. Are you aware of any relatives of your pet having a similar problem? Yes () No ()
18. Has anyone in your household had skin problems since your pet was affected?
Yes () No ()
19. Have you noticed fleas on your pet(s)? Yes () No ()

What flea treatment was used on the pet or in the environment? _____
20. Has previous treatment for fleas helped your pet's problem? Yes () No ()

Animal Friends Dermatology

Jacksonville

3444 Southside Blvd Suite 101

Jacksonville, FL 32216

904-642-5996 (Phone)

904-642-5998 (Fax)

Palm Coast

Orange Park

275 Corporate Way Suite 100

Orange Park, FL 32073

904-215-9293 (Phone)

904-215-9278 (Fax)

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.

Client Signature

Date

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

Animal Friends Dermatology

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.

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

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