

**ORANGE PARK**

275 Corporate Way, Suite 200  
Orange Park, Florida 32073



Email: reception@afderm.com

Telephone: (904) 215-9293

Fax: (904) 215-9278

**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 \_\_\_\_\_

Primary Veterinarian \_\_\_\_\_

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

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

How did you 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, Care Credit 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 any cancelled, broken, or no-show appointments without 24 hours advance notice.

\_\_\_\_\_

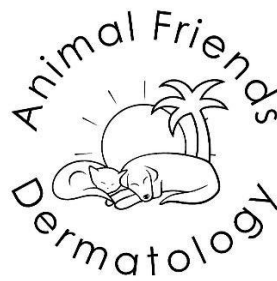
\_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

3. How old was your pet when any skin or ear 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. Does your pet chew ( ), bite ( ), scratch ( ), rub ( ), or lick ( ) itself excessively? If so what areas?

\_\_\_\_\_

7. Was itching the first sign of your pet's skin/or ear disease that you noticed?

Yes( ) No( )

8. Have you moved with your pet prior to the problem starting? Yes ( ) No ( ) If yes, from where?

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

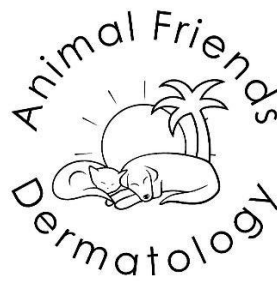
12. Please list any other pets. (species and number)

\_\_\_\_\_

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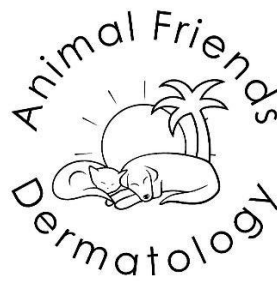
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- 13. Do any of your other pets have similar conditions? Yes ( ) No ( )
- 14. Are you aware of any relatives of your pet having a similar problem? Yes ( )  
No ( )
- 15. Have any people in your household had skin problems since your pet was affected?  
Yes ( ) No ( )
- 16. Have you noticed fleas on your pet(s)? Yes ( ) No ( )  
What flea treatment was used on the pet or in the environment and has it helped?  
\_\_\_\_\_
- 17. Have you noticed any change in the health or behavior of your pet coincidental with the development of the skin/ear condition? If yes, please describe.  
\_\_\_\_\_  
\_\_\_\_\_
- 18. Does your pet have other previously diagnosed medical or surgical problems unrelated to the skin disorder? If yes please list.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 19. Does your pet experience any vomiting, diarrhea, loose or frequent stools, or change in eating or drinking patterns?  
\_\_\_\_\_  
\_\_\_\_\_
- 20. What food you're your pet eat? Please include brand and flavor of all dry food, wet food, and treats. Also include any table food your pet may get.  
\_\_\_\_\_  
\_\_\_\_\_
- 21. Please list all current medications your pet is currently on. (Include any heartworm and flea preventatives, oral, topical, injectable medications, shampoos, conditioners, supplements, natural treatments, and any medication unrelated to skin/ear problem.) Also include strength, quantity, and frequency of medication.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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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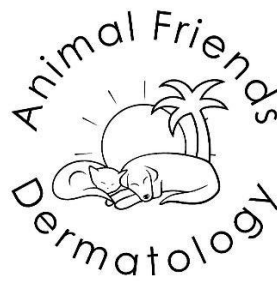
Date

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.

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

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