



Animal Dermatology Specialists

New Client Registration

A. Pet's Name: _____ Breed: _____ Age: _____
Sex: M F (Circle One) Neutered or Spayed? Y N (Circle One)

B. Your Name: (Dr., Mr., Ms., Mrs., Miss) _____
How do you prefer to be addressed: (First name, Last name)? _____
Spouse/Partner's Name: _____
Street: _____ City: _____ Zip: _____
Phones: Home: _____ Pager/Cell: _____ Business: _____
Spouse/Partner's Phones: Pager/Cell: _____ Business: _____
Employer: _____
CA Driver's License #: _____
Visa/MC #: _____ Exp. Date: _____

C. Who is your primary care veterinarian?
Name: _____ Phone: _____
Hospital: _____ Fax: _____
Street: _____ City: _____ Zip: _____
Did he/she refer you? Y N (Circle One)

Has another veterinarian treated your pet for skin disease?

Name: _____ Phone: _____
Hospital: _____ Fax: _____
Street: _____ City: _____ Zip: _____

D. How did you hear about us? (Veterinarian, Friend, Groomer, Yellow Pages)

E. Welcome to Animal Dermatology Specialists. Our policy is to require payment in full at the time veterinary service is rendered. We accept cash, check, Visa or Master Card. In order to give our clients the best possible service, we need to schedule appointments in advance. We require 48 hours notice if you have to cancel or reschedule your appointment. **You will be charged for the office visit if you give less than 48 hours notice of your cancellation.**

I agree to comply with these terms and payment policy.

Signature

Date