

CLIENT/PATIENT INFORMATION SHEET

Veterinary Allergy and Dermatology Clinic, LLC

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Thank you for giving us the opportunity to care for your pet. Please help us serve you better by taking a moment to complete this information sheet.

Owner's Name _____ Spouse/Other _____

Address _____

City _____ State _____ Zip Code _____

Email address _____

Telephone: Home (_____) _____ Work (_____) _____

Cell/Other (_____) _____

***Please include area codes with all phone numbers listed**

Driver's license number (for checks) _____ State _____ DOB _____

Employer's Name _____

Spouse/Co-owner's Employer _____

At what time _____ and phone number _____ is it best to call about your pet?

In case of an **EMERGENCY**, please call _____ at telephone # _____

PET INFORMATION

Pet's Name _____ Dog/Cat/Other _____ Breed _____

Sex _____ Birthdate/Age _____ Color _____

Has your pet been spayed or neutered? **YES** **NO** If yes, at what age? _____

MEDICAL ALERT INFORMATION please note any pre-existing conditions for which your pet has been, or is currently being treated, as well as any drug allergies, prior surgical complications etc. that may affect the way we treat your pet.

Family veterinarian _____

How did you learn about the Veterinary Allergy and Dermatology Clinic (VADC)? _____

I hereby authorize the Doctor on duty and his/her assistants to administer treatment as is considered therapeutically and/or diagnostically necessary on the basis of their findings. Results are not guaranteed. I hereby certify that I have read and fully understand the above authorization. I assume full responsibility for all charges, consent to the release of medical information, and I authorize direct payment to Veterinary Allergy & Dermatology Clinic, LLC.

****I understand that all professional fees are due at the time services are rendered.****

Owner/Agent Signature _____ Date _____