

Alabama Veterinary Allergy and Dermatology Service
Tomeshia Hubbard, DVM

33 Barber Court, Ste. 109 Homewood, AL 35209 Bus: 205-218-2707	2112 Memorial Parkway SW Huntsville, AL 35801 Fax: 205-208-1159
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Client Information Form

Please print clearly:

Date: _____

Owner's name: _____ Spouse: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Cell: _____

Employer: _____ Driver license # _____

Work phone: _____ Email address: _____

Pet's name: _____ Breed: _____

Pet's age: _____ Color: _____

Pet's Sex: _____ Spayed/Neutered: _____

Who referred you to us? _____

Veterinarian's name: _____

Clinic name: _____

Clinic address: _____

Clinic phone: _____ Fax: _____

List any previous veterinarians:

Your pet has been referred to the Alabama Veterinary Allergy and Dermatology Service for consultation, evaluation, special testing and/or treatment to supplement the services provided by your regular veterinarian. At the completion of the work done here, a full report will be given to you and a copy mailed to the referring veterinarian. Responsibility for continued routine health care of your pet will remain with you and your referring veterinarian.

I agree that all fees will be paid in full as services are rendered.

Signature: _____

Choose a payment option: _____ Cash
_____ Check
_____ Credit Card (Circle one: Visa, MC, Discover or AMEX)
_____ Care Credit

Please be aware that there is a no call/no show fee that will be assessed to your account if you do not notify our office within 24 hours of your scheduled appointment!!!