

Alabama Veterinary Allergy and Dermatology Service  
Tomeshia Hubbard, DVM  
186 Oxmoor Rd  
Homewood, Al 35209  
Bus: 205-218-2707  
2112 Memorial Parkway SW  
Huntsville, AL 35801  
Fax: 205-208-1159

Client Information Form

Please print clearly: Date: \_\_\_\_\_

Owner's name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

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 Red Mountain Animal Clinic's 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, AMEX)  
\_\_\_\_\_ Care Credit