

**Alabama Veterinary Allergy and Dermatology Service**

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**Referral Form**

Date: \_\_\_\_\_

|  |
|--|
| Referring Veterinarian(s) Name(s): _____     |
| Clinic's Name: _____                         |
| Clinic's Phone: _____ Fax: _____ Email _____ |

Owner's Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

|                   |              |                        |
|-------------------|--------------|------------------------|
| <b>Pet's Name</b> |              |                        |
| <b>Species</b>    | <b>Breed</b> | <b>Color</b>           |
| <b>Age</b>        | <b>Sex</b>   | <b>Neutered/Spayed</b> |

What is the presenting complaint? \_\_\_\_\_

Is the pet pruritic? \_\_\_\_\_

Is the condition seasonal or non-seasonal? \_\_\_\_\_

How long has this problem been present? \_\_\_\_\_

Is the condition steroid responsive? \_\_\_\_\_

**List all medications used to treat this condition, the date given, duration and response to therapy**

| Medication | Date Given | Duration | Response |
|------------|------------|----------|----------|
|            |            |          |          |
|            |            |          |          |
|            |            |          |          |
|            |            |          |          |