

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: _____

Pet's Name		
Species	Breed	Color
Age	Sex	Neutered/Spayed

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