

**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