



ANIMAL ALLERGY & DERMATOLOGY CENTER OF CENTRAL TEXAS

2207 Lake Austin Blvd
Austin, TX 78703

PATRICK R. NICHOLS, DVM
Practice Limited to Dermatology

(512) 477-4824

NEW CLIENT INFORMATION

Welcome to the Animal Allergy and Dermatology Center. So that we may become better acquainted, please complete the following:

NAME _____ **SPOUSE/OTHER** _____

FULL ADDRESS _____

CITY / STATE _____ **ZIP CODE** _____

HOME PHONE () _____ **WORK PHONE** () _____

DRIVER'S LIC. # _____ **E-MAIL ADDRESS** _____

EMPLOYER _____ **ADDRESS** _____

REFERRED BY: Veterinarian / Name _____

Friend / Name _____

Groomer / Name _____ Other _____

REGULAR VETERINARIAN _____

Name

Clinic name

_____ () _____

Address

Phone #

PET'S NAME _____ **SPECIES** _____

(Canine or Feline)

SEX _____ / _____ **BREED** _____

(Male or Female / Intact or Neutered)

COLOR _____ **BIRTH DATE** _____ **WT. #** _____

The Animal Allergy and Dermatology Center specializes in the treatment of allergies and skin disease only. If your pet has any other medical or surgical needs, you should consult with your regular veterinarian.

I, the undersigned, understand that no guarantee can be made as to the results obtained from medical treatment. Further, I assume financial responsibility for all charges incurred in the care of this animal. I understand compensation for services performed by Animal Allergy and Dermatology Center will be paid at the time the service is provided.

SIGNATURE OF OWNER OR RESPONSIBLE AGENT:

_____ **DATE** _____

PAYMENT IN FULL IS DUE AT THE TIME OF YOUR VISIT. WE ACCEPT CASH, PERSONAL CHECK WITH PROPER ID, MASTERCARD, VISA, AND DISCOVER. THANK YOU.