



**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.