



FAMILY INFORMATION

First Name _____ Last Name _____
Secondary Name _____ Last Name _____
Street Address _____ Apt _____
City _____ State _____ Zip Code _____
Email _____ Mobile # _____
Other _____

FUR KID INFORMATION

Fur Kid's Name _____ Fur Kid's Birthday _____
Sex: Male Neutered Male Female Spayed Female Color _____
Species: Canine Feline Other _____ Breed _____
Family DVM _____ Clinic _____
What is the primary reason for your visit today? _____

 Pet Insurance _____ Policy # _____ Contact # _____

TERMINATING SERVICES

All of us at Fur Kids Allergy & Dermatology value a meaningful and productive relationship with our patients and clients. Unfortunately, there are occasions when this is no longer feasible. Please be advised that our Practice reserves the right to terminate the patient/client/veterinarian relationship for any of the following reasons:

- Medical Non-Compliance Failure to pay any outstanding balance Account sent to collections
- Rude, abusive behavior, use of obscene language, mistreatment of staff in person or on the phone

In such cases where the Practice terminates the relationship, we will send medical records to your new provider at no cost to you. We look forward to partnering with you and providing your Fur Kid a better quality of life now and for many years to come 😊

Signature _____ Date _____