

Dermatology Clinic For Animals

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Two Locations

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Tacoma, WA 98409
Phone: (253) 596-5093
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New Client Form

Thank you for giving us the opportunity to care for your pet.
So that we may become better acquainted, please complete the following:

Owner #1 _____ Owner #2 _____
Address: _____ City _____ State _____ Zip _____
Home Phone _____ Cell #1 _____ Can we send you text messages? _____
Cell #2 _____ Can we send you text messages? _____ Work Phone _____
Email Address: _____ May we contact you by Email ? Yes No
Driver's License _____ Employer _____
How did you hear about us? _____
Referring Veterinarian _____ Veterinary Hospital _____

Pet Information

Please complete the following for the pet we are seeing today:

Name of Pet _____ Dog/ Cat _____ Breed _____
Age/ DOB _____ Sex _____ Color _____ Spayed / Neutered? _____
Known Drug Allergies? _____
Medications your pet is taking now? _____

Other pets in the Household:

Name _____	Species _____	Breed _____	Age _____
Name _____	Species _____	Breed _____	Age _____
Name _____	Species _____	Breed _____	Age _____
Name _____	Species _____	Breed _____	Age _____

I do ____ do not ____ authorize Dermatology Clinic for Animals to obtain pictures of my pet in order to document the skin condition and/or for teaching purposes or publication.

I authorize and direct the veterinarians at Dermatology Clinic for Animals to diagnose, prescribe, perform therapeutic procedures, and/or surgery that their judgment may dictate to be advisable for the patient's well being. No warranty or guarantee has been made as to the result or cure.

All fees are required to be paid in full upon completion of the visit. For your convenience we accept VISA, Mastercard, Discover, Care Credit, Cash, and Checks. Sorry, We do not accept American Express.

In the event any balance due here under is not paid as agreed, the undersigned jointly and severally agree to pay all cost included in said unpaid balance, including a reasonable collection and/or attorney's fees.

Signature of Owner _____ Date _____