



Client/Patient Information Sheet

Name _____ Date _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Alternate Contact _____ Phone _____

Occupation/Place of Business _____

Pet's Information

Name _____ Breed _____ Color _____

Date of Birth/Age _____ Sex _____ Spayed/Neutered YES NO

Regular veterinarian/hospital _____

Major medical/surgical history _____

Current medications _____

Allergies or drug reactions _____

Are vaccinations up to date? YES NO Is your pet a fear biter? YES NO

Has your pet had professional dental care? When _____

Do you practice home dental care? YES NO If yes, what type and how often? _____

I have read, understand, and agree to the following:

Payment is expected as services are rendered. *Visa, MasterCard, American Express, Care Credit, Check and Cash* are the accepted forms of payment.

A written treatment plan will be provided at any time, upon my request.

A small amount of fur may need to be clipped for monitoring/IV catheter placement.

If I need to reschedule my appointment I will give 48 hours notice. If I cancel with less than 48 hours notice or miss an appointment, a fee will be assessed.

Photos may be taken of my pet's procedure for educational purposes.

Signature required _____