



HALE VETERINARY CLINIC

DENTAL AND ORAL SURGERY FOR PETS

CLIENT / PATIENT INFORMATION

OWNER

Name:

Email:

Street:

Unit#:

City:

Postal Code:

Home Phone:

Work Phone:

Cell Phone:

Other Contact Name:

Phone:

PATIENT

Name:

Species: Canine Feline Other

Breed:

Colour:

Birth Date:

Weight:

Gender(circle)

Male

Male/Neutered

Female

Female/Spayed

Notes:

Regular Veterinary Hospital :

Phone:

Regular Veterinarian:

This pet is currently fed (canned, dry, home made)

What dental home care is provided (brushing, water additive, toys...) How often?

Does your pet have any drug allergies or sensitivities? Y/N Please explain:

Has your pet had difficulty with anesthetic? Y/N Please explain:

Does your pet have a soy intolerance? Y/N

Does your pet have any ongoing medical or surgical problems? Y/N Please Explain:

Vaccine Status – When was your pet last vaccinated and against which infections?

Is your pet on any prescribed or over the counter medications? Y/N Please list all:

Do you have pet insurance? Y/N If so, which plan?