



# New Patient Form

## Client Information

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Primary Owner First Name

Primary Owner Last Name

Email

Occupation

Additional Owner First Name

Additional Owner Last Name

Email

Address

City

State

Zip Code

Primary Phone Number

Home  Mobile  Fax  Work

Allow Text?

Secondary Phone Number

Home  Mobile  Fax  Work

Allow Text?

Additional Phone Number

Home  Mobile  Fax  Work

Allow Text?



### Patient Information

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Pet's Name

Breed

Species: Canine  Feline

Approximate Date of Birth

Sex: Male  Female

### Patient Medical Information

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Please list the family veterinarians to whom you would like a summary letters forwarded. Include Hospital and Veterinarian's Name

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Please indicate the veterinarians we need to obtain records from. Include Hospital and Veterinarian's Name.

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Reason for your visit

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List of Major Medical Problems

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List of current medications/doses/frequency

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History of dental problems/treatment

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Allergies to food or medication

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Diet

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Vaccinations of to date:

Yes  No

Date of last blood work

Check any of the oral symptoms noted below:

- Bad breath  Failure to lose baby teeth  Other
- Discolored teeth  Growths on the gum
- Red or bleeding gums  fractured/broken teeth
- Loose teeth  Reluctance to chew hard items

Please check the toys/treats provided

- Kongs  Plush/squeaky  Rope toys  Other
- Bones  Ice cubes  Greenies
- Raw Hides  Nylon toys  Tennis balls
- Dog Biscuits  Frisbees  Antlers

Please indicate your pet's current dental home care (if any) and the frequency it is provided (examples - brushing, rinse, dental diet, dental chews, water additive.)


**Treatment Authorization and Information / Photo Release**

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- I hereby authorize the veterinary team of Animal Dental Specialist of Nevada to examine, prescribe for, and treat my pet.
- I understand that I will receive a summary of the care provided in order to ensure that my pet's care can be continued without interruption.
- I also understand that the identification of a referring veterinarian by me to be my authorization for Animal Dental Specialist of Nevada to obtain medical records, as well as release records and information to that veterinarian. Case information, medical images, photos and/or videos of my pet(s) may be used in teaching forums, continuing education, hospital web site, veterinary literature, and the like. I authorize the release of case/patient information for such purposes. Patient confidentiality will be maintained.



## Financial Policy

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Payment is due as services are rendered. The balance will be due upon discharge from the hospital. You may pay by cash, Care Credit, or accepted credit cards.

In order to avoid misunderstandings, please let us know immediately if these terms are not satisfactory. In the event payment is not made at the time of service, it is our policy to apply a service charge to accounts with a balance.

I understand that I (the owner or agent) am financially responsible for all charges relating to this patient.

I have read and agree to the treatment authorization.

Initials

I have also read and accept the financial obligations.

Initials

Signature

Today's Date