Brick Town
VETERINARY HOSPITAL

DENTAL REFERRAL CLIENT INFORMATION

NAME _____ DATE_____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE_____

HOME PHONE _____ CELL PHONE _____

PATIENT INFORMATION

NAME _____ SPECIES _____

BREED _____ COLOR _____

DOB/AGE _____SEX (SPAYED/NEUTERED) _____

WEIGHT _____

FOR DOGS 10LBS AND UNDER AND NON-DIABETIC SCHEDULED FOR SURGERY: A SMALL AMOUNT OF KARO SYRUP MUST BE GIVEN EVERY 20 MINUTES THE MORNING OF THEIR SURGERY DAY.

WAS OWNER TOLD No

MEDICAL HISTORY

ANY MEDICAL ISSUES _____

ANY PREVIOUS ANESTHETIC COMPLICATIONS _____

DIAGNOSED WITH ANY CARDIAC ISSUES Yes KIDNEY OR LIVER ISSUES No

DIABETES No RESPIRATORY PROBLEMS No

REFERRING INFORMATION

REFERRING VETERINARIAN _____

REFERRING HOSPITAL _____

ADDRESS _____

TELEPHONE NUMBER _____ FAX NUMBER _____

APPOINTMENT INFORMATION
REASON FOR THE APPOINTMENT _____

SCHEDULED FOR CONSULTATION OR CONSULTATION AND PROCEDURE SAME DAY? CIRCLE ONE.
THE CONSULTATION FEE IS $145.00 DISCUSSED WITH OWNER No

MANDATORY BLOODWORK IS REQUIRED FOR ANY PROCEDURE. CBC/SUPERCHEMISTRY IS THE PANEL AND MUST BE DONE WITHIN 4 WEEKS OF THE SCHEDULED PROCEDURE.
FASTING INSTRUCTIONS: NO FOOD 8 HOURS PRIOR TO APPT. WATER IS OK UNTIL THEY LEAVE THE HOUSE.

WAS OWNER ADVISED ABOUT BLOODWORK No ABOUT FASTING No

DATE AND TIME OF SCHEDULED APPOINTMENT _____

I HAVE VERIFIED THE INFORMATION ABOVE AND SPELLING IS CORRECT.

TEAM MEMBERS NAME _____ DATE _____