



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 Y / N

MEDICAL HISTORY

ANY MEDICAL ISSUES \_\_\_\_\_

ANY PREVIOUS ANESTHETIC COMPLICATIONS \_\_\_\_\_

DIAGNOSED WITH ANY CARDIAC ISSUES Y / N      KIDNEY OR LIVER ISSUES Y / N

DIABETES Y / N      RESPIRATORY PROBLEMS Y / N

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 Y / N

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 Y / N ABOUT FASTING Y / N

DATE AND TIME OF SCHEDULED APPOINTMENT \_\_\_\_\_

I HAVE VERIFIED THE INFORMATION ABOVE AND SPELLING IS CORRECT.

TEAM MEMBERS NAME \_\_\_\_\_ DATE \_\_\_\_\_