

Apex Dog and Cat Dentistry

Specializing in Veterinary Dentistry
and Oral Surgery



AMERICAN VETERINARY DENTAL COLLEGE

Donald Beebe, DVM, Diplomate AVDC

Board Certified Specialist in Dentistry & Oral Surgery

Client Information

Owner First Name:		Last Name:	
Additional Owner(s):			
Mailing Address:			
City:	State:	Zip:	
Primary Phone: ()		Secondary Phone: ()	
Email:			
Occupation:			
How did you hear about us? <input type="checkbox"/> Personal Veterinarian <input type="checkbox"/> VRCC <input type="checkbox"/> Friend <input type="checkbox"/> Website <input type="checkbox"/> Other:			
Please list all current veterinary hospitals your pet has been seen at:			
Hospital:	Veterinarian:	Referred? <input type="checkbox"/>	
Hospital:	Veterinarian:	Referred? <input type="checkbox"/>	
Hospital:	Veterinarian:	Referred? <input type="checkbox"/>	

TREATMENT AUTHORIZATION and INFORMATION/PHOTO RELEASE

I hereby authorize Dr. Beebe and Apex Dog and Cat Dentistry to examine, prescribe for, and treat my pet. If another veterinarian has referred me to this hospital, I understand that they 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 to release records and information to that veterinarian. Case information and/or photos may be used in teaching, forms, continuing education, Web site, veterinary literature, and the like. I authorize the release of case/patient information for such purposes; patient confidentiality (names withheld) will be maintained.

FINANCIAL POLICY

Payment is due as services are rendered. For hospitalized cases, a deposit may be required in advance. The balance will be due upon discharge from the hospital. You may pay by cash, personal check (with proper identification), 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 over 30 days old. A service fee of 2% of the outstanding balance will be charged to your account monthly if not paid in full. All returned checks will incur a charge of \$25.00 and may be referred to the District Attorney for collection.

NAMES OF INDIVIDUALS AUTHORIZED TO PICK UP PATIENT:

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. I have also read and accept the financial obligations.

Signature

Date

Last Name	Patient	Date
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APEX DOG & CAT DENTISTRY PATIENT HISTORY FORM

PATIENT INFORMATION

Pet Name _____ Last Name _____
Species DOG or CAT Breed _____ Color _____
Sex _____ Neutered or Spayed? Y or N Date of Birth _____

Reason for your visit _____

List of Major Medical Problems _____

List of Medications/Doses/Frequency _____

Allergies (food/medications) _____

Vaccinations up to date (Y/N) _____ Date of last blood work _____

History of dental problems/treatment _____

Circle any of the dental related signs noted and write length of time signs have been present

BAD BREATH _____ FRACTURED OR BROKEN TEETH _____
DISCOLORED TEETH _____ FAILURE TO LOSE BABY TEETH _____
LOOSE OR MOBILE TEETH _____ GROWTHS ON THE GUM OR TONGUE _____
RED OR BLEEDING GUMS _____ RELUCTANCE TO CHEW HARD ITEMS _____
Other _____

Circle the toys/treats used

KONGS	BONES	ROPE TOYS	TENNIS BALLS	GREENIES
NYLON BONES	RAWHIDES	FRISBEES	DOG BISCUITS	ICE CUBES
CAT TREATS	PLUSH/SQUEAKY	PIG EARS	COW HOOVES	OTHER _____

Circle the current dental homecare and write the frequency it is done

Pet Toothpaste/Brushing _____ Mouth Rinse _____
Water Additive _____ Mouth Wipes _____

WT	T	P	R	CRT	MM
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