



Client Information Form

Primary Owner First Name:		Last Name:	
Email (For Medical Record/Reminders):			
How did you hear about us?		<input type="checkbox"/> Referring Veterinarian:	<input type="checkbox"/> Friend:
		<input type="checkbox"/> Website	<input type="checkbox"/> Other:
Occupation (optional):			
Additional Owner First Name:		Last Name:	
Additional Owner Email:			
Address			
City		State	Zip
Primary Phone: ()		Text Enabled? _____ <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Fax	
Secondary Phone: ()		Text Enabled? _____ <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Fax	
Additional Phone: ()		Text Enabled? _____ <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Fax	

TREATMENT AUTHORIZATION and INFORMATION/PHOTO RELEASE

I hereby authorize the veterinary team of Apex Dog and Cat Dentistry ("Apex") 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 Apex 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

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. I have also read and accept the financial obligations.

Signature

Date

Pet Information Form

Pet Name:		Last Name:			
Sex (Circle)	Male	Female	Neutered/Spayed (Circle)?	Yes	No
Species (Circle)	Dog	Cat	Breed		
Patient Color/Markings:			Date of Birth/Approximate Age:		
Please list the family veterinarian(s) to whom you would like summary letters forwarded					
Hospital		Veterinarian		Referred? <input type="checkbox"/>	
Please indicate the veterinarians we need to obtain records from					
Hospital		Veterinarian		Referred? <input type="checkbox"/>	
Hospital		Veterinarian		Referred? <input type="checkbox"/>	
Reason for your visit:					
List of major medical problems:					
List of medications/doses/frequency:					
History of dental problems/treatment:					
Allergies to food or medication:					
Vaccinations of to date: Y N			Date of last blood work:		
Diet:					
Check any of the oral symptoms noted below:					
<input type="checkbox"/> BAD BREATH		<input type="checkbox"/> DISCOLORED TEETH		<input type="checkbox"/> FRACTURED/BROKEN TEETH	
<input type="checkbox"/> LOOSE TEETH		<input type="checkbox"/> FAILURE TO LOSE BABY TEETH		<input type="checkbox"/> RED OR BLEEDING GUMS	
<input type="checkbox"/> GROWTHS ON THE GUM		<input type="checkbox"/> RELUCTANCE TO CHEW HARD ITEMS			
<input type="checkbox"/> OTHER:					
Please check the toys/treats provided:					
<input type="checkbox"/> KONGS	<input type="checkbox"/> BONES	<input type="checkbox"/> ROPE TOYS	<input type="checkbox"/> ICE CUBES	<input type="checkbox"/> GREENIES	<input type="checkbox"/> NYLON TOYS <input type="checkbox"/> ANTLERS
<input type="checkbox"/> RAW HIDES	<input type="checkbox"/> FRISBEES	<input type="checkbox"/> DOG BISCUITS	<input type="checkbox"/> TENNIS BALLS	<input type="checkbox"/> PLUSH/SQUEAKY	<input type="checkbox"/> OTHER:
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)					



945 W Jefferson Ave Englewood, CO 80110
 main (303) 810-6029 fax (303) 991-7913
 www.DentistVet.com