



Animal Dentistry & Oral Surgery

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Practice Limited to Dentistry & Oral Surgery

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Thank you for giving us the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

Today's Date			
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CLIENT INFORMATION

Name		Email	
Spouse/Other Authorized Contact Name			
Street	City	State	ZIP
Home Phone	Work Ph.	Cell Ph.	
How did you become aware of our practice?			
<input type="radio"/> DVM Referral <input type="radio"/> Internet <input type="radio"/> Personal Recommendation			
Name of your primary veterinarian			

PATIENT INFORMATION

Pet's Name		Breed	Color
Date of Birth		or Estimated Age	Sex: <input type="radio"/> Female <input type="radio"/> Male
Spayed/Neutered?	<input type="radio"/> Yes <input type="radio"/> No	Vaccination history (including rabies) Up to date: <input type="radio"/> Yes <input type="radio"/> No	
List any previous serious illnesses or surgeries			
List any known allergies			
List all medications your pet is currently taking			
List any previous dental treatment			

I HEREBY ACKNOWLEDGE THAT AD&OS DOES NOT BILL FEES AND THAT PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED.

We accept the following payment options:

- Cash
 Visa
 MasterCard
 Discover
 Amex
 CareCredit

Owner/Agent Signature

Date

Print Name