



# Animal Dentistry & Oral Surgery

165 Fort Evans Rd. NE, #106  
Leesburg, VA 20176

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[www.animaldentalspecialist.com](http://www.animaldentalspecialist.com)

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.	
Place of Employment			
How did you become aware of our practice? <input type="radio"/> DVM Referral <input type="radio"/> Previous Client <input type="radio"/> Personal Recommendation			
Name of your veterinarian			
Your veterinarian's hospital			

## PATIENT INFORMATION

Pet's Name		Breed:	Color:
Date of Birth		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			

\_\_\_\_\_ I authorize AD&OS to take photographs and other documentation of my pet for educational and promotional purposes. All images, documents, videos, and other media will be altered to omit names and other identifying marks as to maintain confidentiality. I hereby grant consent for use of these documents without compensation and release AD&OS from any and all claims arising from the use of these documents.

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

Please indicate choice of payment method:  Visa/MC  Discover  Amex  Cash

\_\_\_\_\_  
Owner/Agent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name