

Welcome to Dentistry!

Please fill out this form so we can better serve you and your pet

Dentistry History form:

What is bothering you pet?

How long has she/he had the problem?

Symptoms: _____

Diet and medication history:

Does she/he eat soft or dry foods?

How is the appetite?

How is the water intake?

Please list all current medications and doses:

Taking any supplements or vitamins?

Dental history:

Any previous dental procedures?

Any previous dental x-rays?

Are you brushing the teeth? And how often?

What does he/she chew on?

Current/previous medical concerns:

Are we current on vaccinations (shots)?

When was last Blood work?