



Animal Dental Center of WNY

3000 Genesee Street

Cheektowaga, NY 14225

(716) 896-2424

David E. Hansen, DVM, FAVD, Dip. AVDC

## Referral Policy, Information, & Agreement

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

It is our policy to present you with a written estimate of our fees at the time of admission. This will include all expected services, examinations, tests, surgery, and medications. Emergency services, if necessary, will carry additional charges. If additional services are necessary we will call you for verbal consent. Please be sure that we have an adequate telephone number where you can be reached if needed.

Payment is expected in full at the time of your pet's discharge. Payment can be made in the form of cash, check, Visa, MasterCard, Discover, American Express or Care Credit.

**We may require a deposit in advance.**

Because your pet has been referred to us for a dental procedure, upon completion of this procedure we will forward all the pertinent information to your regular veterinarian. We will only treat the original problem for which your veterinarian has referred you. In the event that your pet requires medical help in the future, which is not specifically related to this procedure, we recommend that you call your regular veterinarian. His or her skill and familiarity with your pet makes your veterinarian the best-qualified professional to manage additional problems.

I have read and understand this policy. I further agree to abide with its provisions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Patient Information

Pet Name: \_\_\_\_\_

Circle one

Breed: \_\_\_\_\_

Dog or Cat

DOB/Age: \_\_\_\_\_

Male or Female

Color: \_\_\_\_\_

Spayed or Neutered

Referring Hospital: \_\_\_\_\_ Doctor: \_\_\_\_\_

Does your pet have a history of:

- Allergies (if so what kind): \_\_\_\_\_  
Have they been treated? \_\_\_\_\_  
Are they under control? \_\_\_\_\_  
Have medication been tried (if so what kind)? \_\_\_\_\_

- Recent surgeries or anesthetized procedures (please include dates):  
\_\_\_\_\_  
\_\_\_\_\_

Were there any problems or complications with anesthesia (slow recovery, prolonged lethargy, etc)? \_\_\_\_\_

- Illnesses or conditions (treated by your veterinarian other than what you are here for today)  
\_\_\_\_\_  
\_\_\_\_\_

Is your pet currently on any medications (this includes flea/tick/heartworm preventives, dewormers, vitamins, over the counter medications, or any medication your veterinarian has prescribed)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any new or different symptoms that your pet has shown pertaining to the reason why you are here today, over the past 3 months?

\_\_\_\_\_  
\_\_\_\_\_

Is there any other information about your pet that you feel is important for us to know?

\_\_\_\_\_