

**Please complete this form and bring it to your appointment or email it to** Service@AMCSVet.com

|  |  |  |  |
| --- | --- | --- | --- |
| **Owner Name:**  |   |   |   |
| **Patient Name:** |   |   |   |
| **Problem/Complaint:** |   |   |   |
| **List ALL clinics that have seen your pet for oral surgery or cleanings** |   |   |   |
| **Is your pet up-to-date on vaccines?** |   |   |   |
| **Past treatments for dental disease including cleanings:** |   |   |   |
| **Medications** | **Dose (mg)** | **How often:** | **Last given:** |
|  |  |  |  |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
| **What are you feeding your pet? (include treats)** | **Brand** | **Amount** | **How often:** |
|  |  |  |  |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
| **Where did you get your pet?** |   |   |   |
| **Any travel outside of PNW?** |   |   |   |
| **What toys do you give your pet?** |   |   |   |
| **Any known allergies?** |   |   |   |
| **Are you brushing your pet's teeth?** |   |   |   |
| **What dental care products do you give your pet?** |   |   |   |
| **In recent history have you noticed any changes in… (circle/bold what applies)** |
| **Drinking: (Increased/Decreased/Normal)** | **Appetite: (increased/Decreased/Normal)** |
| **Weight: (Increased/Decreased/Normal)** | **Energy: (Increased/Decreased/Normal)** |
| **Urination: (Increased/Decreased/Normal)** | **Defecation: (Increased/Decreased/Normal)** |
| **Coughing: (Increased/Decreased/None)** | **Sneezing: (Increased/Decreased/None)** |
| **Vomiting: (Yes/No) How Often?** |  |  |   |
| **Describe any of the abnormal above:** |  |   |
|  |  |  |   |
|   |  |  |   |
|   |   |   |   |