



ANIMAL DENTAL
CLINIC

15800 SW Upper Boones Ferry Rd, Lake Oswego OR 97035
(503) 292-4533 Fax: (503) 445-4509

New Client Form

Date: _____ **Please tell us about your concerns today. Check all that apply.**

<input type="checkbox"/> Anesthesia Concerns	<input type="checkbox"/> Oral Pain	<input type="checkbox"/> Fractured tooth	<input type="checkbox"/> Stomatitis
<input type="checkbox"/> Tooth Resorption	<input type="checkbox"/> Oral Mass	<input type="checkbox"/> Fractured Jaw	<input type="checkbox"/> Periodontal Disease
<input type="checkbox"/> Other: _____			

Owner Information:

_____		_____		_____	
Last Name		First Name		Spouse/Partner	
_____		_____		_____	
Street Address		City		State	
_____		_____		_____	
() _____	() _____	() _____	() _____	_____	
Home Phone	Business Phone	Cell/Pager	Spouse/Partner		
E-mail Address: _____					

_____		_____	
Workplace & Occupation		Spouse/Partner Workplace & Occupation	

Patient Information:

_____		Male	Female	Intact	Neutered/Spayed
Name					
Canine	Feline				
_____		_____		_____	
Breed		Color		D.O.B	
_____		_____		_____	

Any known allergies or drug reactions: _____

Regular Veterinarian:

_____ Clinic name

How did you hear about us?

Hospital Policy: Animal Dental Clinic abides by a veterinary referral Code of Ethics. If your pet has been referred by your veterinarian for treatment with the Animal Dental Clinic and requires medical attention unrelated to an oral condition, please contact your primary care veterinarian for further assistance.

Estimate: An itemized estimate will be provided for the recommended diagnostic and treatment procedures.

Payment: Payment is due at the time of service. We accept Visa, Mastercard, Discover Care Credit, H3 Wellness and debit cards, in addition to checks and cash.

Credit: The Animal Dental Clinic cannot extend credit. Please ask the receptionist for options after your appointment prior to scheduling your procedure.

☆We often use patient pictures for our website or Facebook. We may also use medical cases for veterinary journals or publications.

Your initials below give ADC authorization to release portions of your pet's medical history and record, including personal recollections, radiographs, photographs, testimonials, videotape images or other images for use in the print media, on a brochure, the OVH website, social media outlets, and veterinary publications.

Approve: _____ (initial here) **Decline:** _____ (initial here) **Date:** _____