## **Pre-Appointment Questionnaire**

When you make an appointment with our Dentistry & Oral Surgery team, we will ask for the name of your primary care veterinarian and veterinary specialists (if your pet receives additional care). Please let us know the name and phone number for these clinics. We will call and request records prior to your appt. We also have a referral form online that your veterinarian can use to submit your pets' medical records, blood work, and dental radiographs (+/- chest radiographs is there is a heart or lung condition). Please let us know all the veterinarians your pet has seen in the last year, so we have complete records prior to the appt. Please email this information to: info@vdosnt.com.

Please fill out this form and bring it with you. Our technician will review the answers with you prior to your appt with the Dental

m D	octor.
1.	What is your primary concern at this time? If your veterinarian referred you to our practice, what was the reason?
2.	If this is a new issue, when did the problem start? Has the problem changed over time?
3.	When was the last time your pet had a dental cleaning or dental procedure?
4.	To the best of your knowledge, has a complete blood cell count (CBC) and a chemistry panel been performed within the last 2 months?
5.	Is your pet eating a normal amount of food or is their appetite decreased in any way?
6.	What is your pet's normal diet? (If you feed a raw diet, please let us know.)
7.	Do you have concerns that your pet has lost weight?
8.	<b>Does your pet have any medical conditions we should know about</b> ? (Example: A heart murmur, kidney disease seizures, etc)
	Does your pet take any medications?  If so, what is the name of the medication, the dose, and how frequently is it taken?

12. Does your pet take any over the counter medications or supplements? These do not require a prescription by

13. Will you be filing this visit with your pet insurance company?

your doctor.

11. To your knowledge, has your pet ever had a bad reaction to a medication?