Date: _____

Encina Veterinary Medical Center

DENTAL SPECIALTY DEPARTMENT QUESTIONAIRE

Client(s) First and Last Name _____

Primary Phone #_____ Texting Ok? Y or N

Secondary Phone #_____ Texting Ok? Y or N

Email_____ Home Address _____
(street, city, state, zip)

Patient's Name_____ Date of Birth____/____/____

CIRCLE ONE: Male, Intact · Male, Neutered · Female, Intact · Female, Spayed

Canine · Feline Breed(s) _____ Color(s) _____

Primary Veterinarian (Doctor and Hospital) _____
(This is who your pet usually sees for their health and wellness)

Referring Veterinarian (Doctor and Hospital) _____
(This is who referred you to our specialist – if different from above)

*****Please contact any/all veterinary clinics your pet has been seen at in the last 5 years, and ask them to send your pet's records to us ASAP so our doctors have a more complete medical background of your pet before their arrival: email au4027@vca.com or fax 925-937-8519**

_____

Pet insurance company and policy number (if applicable) _____

1. **Presenting problem**: Please check any applicable problem(s) or symptom(s).
   - ❑ Fractured tooth/teeth
   - ❑ Tooth resorption
   - ❑ Jaw Fracture
   - ❑ Oral mass (growth, tumor) (Previous biopsy? Please provide photos if available)
   - ❑ Stomatitis
   - ❑ Malocclusion (improper bite): Do teeth cause trauma when closing the mouth?
   - ❑ Periodontal disease (gum disease, heavy tartar, gum recession, gingivitis, bad breath, bleeding gums)
   - ❑ Oral or dental pain? Please describe symptoms you have observed.
   - ❑ Decreased appetite or difficulty eating or drinking.
   - ❑ Other – Describe_____

Please give a detailed description of the problem(s) including the location, the duration and any associated symptoms.

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2. **Has your pet been seen by a veterinarian for the current issue(s) and have there been any treatments?**

3. **Pertinent medical or surgical history** (Cardiac disease? Kidney disease? Liver disease? Gastrointestinal disease? Airway disease? Bleeding or clotting disorders? Others?). If there is a heart murmur or heart disease, please include dates and tests of any work up, such as chest x-rays or an echocardiogram.

4. **Previous dental procedures:** Please list the number of times your pet has had a dental procedure / teeth cleaning, dates, and if any dental x-rays were performed.

5. **Labwork:** Date of most recent blood work _____. Please send us results with this form.
Pre-op bloodwork is required and preferably done at your primary vet, prior to your visit with us when possible. This is extremely important to recognize any underlying health problems prior to anesthesia.

6. **Medications:** If on prescription medications, please list name, quantity, strength (mg), and frequency given.

7. **Supplements:** Please list any fatty acids, oils, CBD, or additions to food.

8. **Diet.** Please list. Food allergies?

9. **Chews or toys.** Are hard items offered such as bones, antlers, raw hides, bully sticks, etc?

10. **Drug allergies?** Yes_____ No_____. If yes, please list.

11. **Home dental care:** Does your pet allow you to perform home dental care? Yes_____ No_____
If yes, please specify (tooth brushing, rinses, water additives, or dental treats and frequency).

12. **Has your pet had any coughing, sneezing, vomiting or diarrhea in the past 2 weeks?**

Thank you for completing this form – please email it back to us at au4027@vca.com. We will be in contact within 2-4 weeks for the next step.

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