



**DALLAS
VETERINARY DENTISTRY
&
ORAL SURGERY**

Dallas Veterinary Dentistry & Oral Surgery
2700 W. State Hwy 114, Bldg 2, Ste D
Grapevine, TX 76051

(Inside Veterinary Specialty Center next to AEHNT)

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NEW CLIENT & PATIENT INFORMATION

Client Information

Owner Name:	Primary contact: <input type="checkbox"/> cell <input type="checkbox"/> work <input type="checkbox"/> home	() -
Spouse/Partner:	Secondary contact: <input type="checkbox"/> cell <input type="checkbox"/> work <input type="checkbox"/> home	() -
Address / City / State / Zip:		
Email:		
Place of employment:	Spouse place of employment	

Primary Veterinarian

Name of Primary Veterinarian: _____ Phone: _____
Hospital: _____ City: _____ **May we contact?** Yes No

How did you learn about us?

Primary DVM Emergency Hospital Other Specialty Internet Search Friend: _____

Pet Information

Name: _____ Major Diagnosis/es: _____
Breed / Color: _____ Prior Surgery: _____
DOB/ Age: _____ Prior illness: _____
 Cat Dog Female Male Spayed or Neutered Date of last dentistry: _____
Vaccines: Current Not Current No longer given Allergies: _____

Diet/ Food:	
Treats:	
Medication:	
Last Bloodwork:	

Office Use Only

	Weight:		Weight:

An estimate is provided and treatment is discussed prior to any procedure * All charges are due and payable in full upon services rendered * Accepted: Cash | Check | Visa | MasterCard | Discover | American Express | Care Credit

Please email this completed form prior to your appointment to: Info@DallasVeterinaryDentistry.com
Please email medical records to: Records@DallasVeterinaryDentistry.com