



Merrimack Veterinary Hospital

Dental Consultation Patient Information

Owner's Name: _____ Pet's Name: _____

Prior Veterinary Hospital: _____ City: _____

Referring Veterinarian: _____

Reason for referral/consultation: _____

How long has this been a problem: _____

Prior health concerns/medical diagnosis: _____

Current medications: _____

Diet: _____

Do you brush your pet's teeth: Y / N How often: _____

Do you use any dental chews or other dental products: Y / N

Which product and how often: _____

Does your pet chew on toys: Y / N What types: _____

What is your dental goal for today: _____

Out of respect for our colleagues, we are examining and treating your pet's dental disease only. Any other problems that are found or treatments that are not directly associated with dental disease or the anesthesia safety will be sent back to your regular veterinarian for further care.