

150 n. San Gabriel Blvd, Suite 400 Pasadena, CA 91107
626.356.3110

Welcome to Advanced Veterinary Dentistry (AVD)! Thank you for giving us the opportunity to care for you and your pets. Please provide us with the following information for your file.

[illegible]

Ms. _____ Mr. _____ Mrs. _____ Dr. _____

First (Print)

Last (Print)

ADDRESS

Street

City

Zip

HOME PHONE () _____

CELL PHONE (____) _____

WORK PHONE ()

Preferred Contact Method---Email / TXT / Phone# (Circle One)

DRIVER'S LICENSE _____ **STATE** _____ **DOB** _____ (required for checks/controlled drugs)

E-MAIL ADDRESS _____ **OKAY to contact via email** ☐

[illegible]

Pet's Name: _____

Pet's Date of Birth (approx): _____

Canine/Feline (Circle One)

Pet's Breed or Mix:_____

Allergies/Medical Problems: _____

Current Medications: _____

Vaccinations Up To Date: Yes/No (Circle One)

Male / Female (Circle one)

Spayed/ Neutered: Yes/No/Unsure (Circle One)

I became aware of AVD in the following way:

☐ **DVM** ☐ **Yellow Pages** ☐ **Exterior Sign** ☐ **Internet** ☐ **Friend** **Other**_____

☐ The Hospital/Vet my Pet sees regularly _____ City _____

I UNDERSTAND THAT FULL PAYMENT IS DUE AT THE TIME THAT SERVICES ARE RENDERED.

Signature _____

Date _____