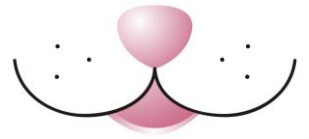


WELCOME



Veterinary Dentistry and Oral Surgery of NM, LLC

Kris Bannon, DVM, Diplomate American Veterinary Dental College, Fellow of the Academy of Veterinary Dentistry

Amy Rossi, DVM, Practice Limited to Veterinary Dentistry

Maria Littles, DVM, Resident, Veterinary Dentistry

Your name(s) _____ Today's date _____

Occupation _____ Work Place _____

Address _____ City _____

State _____ Zip _____ Phone (h) _____ (w) _____ (c) _____

Email address _____

Do we have permission to contact you via: Email Phone call Text

Your pet's name _____ Breed _____

Color _____ Age or Date of Birth _____ Sex M or F Neutered/spayed?

Is your pet current on vaccinations? Yes No

Your primary veterinarian _____ at which clinic _____

How did you find out about our office? _____

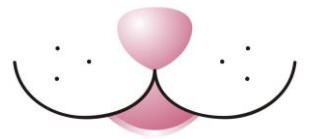
Did your veterinarian perform any pre-anesthetic blood tests, radiographs, or other tests prior to this

appointment? If so, what and when? _____

For what specific dental concern(s) caused you to schedule an appointment with our practice? (i.e. broken tooth,

bad breath, oral mass) _____

CONTINUED



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When did you first notice a problem? _____

Have you noticed any changes in your pet's appetite or behavior? _____

What do you typically feed your pet? _____

What toys, chews or treats does your pet enjoy? _____

Are you noticing: Bad Breath Pain/Sensitivity Inflammation/Redness of gums?

When the last dental cleaning was performed if any _____

What medications do you give your pet? Please list all daily medications, including vitamins, homeopathic remedies, and any medicine that your veterinarian started prior to this appointment (antibiotics, pain medicine, etc.)

Does your pet have any allergies to medication? Yes No If yes, which ones? _____

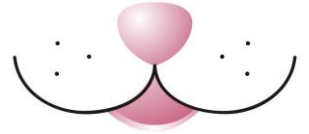
Does your pet have any implants (previously broken bones, total hip replacement)? Yes No

Has your pet ever been diagnosed with any of the following?

- | | | | |
|------------------|--|----------------------|--|
| • Diabetes | Yes <input type="checkbox"/> No <input type="checkbox"/> | • Seizures | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Heart disease | Yes <input type="checkbox"/> No <input type="checkbox"/> | • Back problems | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Kidney disease | Yes <input type="checkbox"/> No <input type="checkbox"/> | • Neck problems | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Liver disease | Yes <input type="checkbox"/> No <input type="checkbox"/> | • Autoimmune disease | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Do you have any other concerns/questions that we need to know about? _____

CONTINUED



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Social media and the use of my pet's images

We are a teaching hospital. As such, we often use photographs taken during our procedures for use during lectures and presentations to other veterinarians, veterinary staff, and pet owners around the country. These images are sometimes used with the pet's name and photo so that the presentation is more personalized, but no owner or last names are used. We also encourage our clients and referring veterinarians to interact with us and follow us on social media (Facebook & Instagram). Because of this, we often post photos of our patients online, and use their dental photographs to help other pet owners understand and identify problems as well as know the possible treatment options. Please initial the line below if you give permission for us to use photos on social media.

_____ I authorize the VDOSNM staff to use photographs of my pet on social media.

When done, please return this form to our receptionist. An exam room technician will be with you shortly. Thank you!