



ANIMAL DENTAL SPECIALISTS
OF UPSTATE NEW YORK
6867 East Genesee Street
Fayetteville, NY 13066
315-445-5640 / contact@adsuny.com
www.adsuny.com



REFERRAL PATIENT/CLIENT INFORMATION

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out both sides of this information sheet.

Owner's Name: _____ Spouse/Other: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Okay to text? ☐ Yes ☐ No

Work Phone #: _____ Okay to text? ☐ Yes ☐ No

Cell Phone #: _____ Okay to text? ☐ Yes ☐ No

Spouse/Other Work Phone #: _____ Okay to text? ☐ Yes ☐ No

Select any that apply: ☐ Active Military/Veteran ☐ Veterinarian (DVM/VMD)
☐ Licensed Veterinary Technician (LVT) ☐ None

Email Address(es): _____

Name of Regular Veterinarian: _____

Can we send detailed records of your pet's treatment to your regular veterinarian? ☐ Yes ☐ No

How did you hear about us? ☐ Internet ☐ Saw our sign/live nearby
☐ Referred by my regular veterinarian ☐ Saw Spot (our mascot out front)

☐ Referred by friend, name: _____ (So we can thank them!)

☐ Other. Please explain: _____

Pet's Name: _____ Species: Canine / Feline Sex: M / F Altered or Spayed? Y / N

Date of Birth: _____ Breed: _____

Color/Markings: _____ Brand of Pet Insurance: _____

-OVER-

Does your pet experience fear, anxiety, or stress during car rides or veterinary visits? Has he or she ever taken any medication because of this?

What prior health or medical problems has your pet experienced?

Is your pet on any medications, nutraceuticals, or herbal supplements? If so, which ones?

Describe your pet's previous experience(s) with anesthesia, sedation, and pain medications.

What other concerns do you have?

Payment is due in full at the time services are rendered. We accept all major credit cards, CareCredit, and Scratchpay. We do not accept cash or checks. We will provide you with a verbal or written estimate prior to treatment.

I have read and understand the statement above.

X _____

I understand that I can come inside the building with my pet for appointments with Dr. Davis (consultations) but that all surgery admissions and technician appointments operate on a curbside basis, meaning only my pet will be allowed inside the building. More information can be found here: <http://adsuny.com/appt-protocol>

I have read and understand the statement above.

X _____

I authorize Animal Dental Specialists and its agents to take photos of my pet and copyright, use and publish the same in print and/or electronically. I agree that Animal Dental Specialists may use such photographs of my pet with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and agree with the statement above.

X _____