



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



## NEW 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 Search  Social Media  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?

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What prior health or medical problems has your pet experienced?

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

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

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What other concerns do you have?

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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 \_\_\_\_\_