



**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

Employer's Name & Address: \_\_\_\_\_

Spouse's/Other's Employer Name & Address: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Name of Regular Veterinarian: \_\_\_\_\_

How would you prefer to receive your pet's reminders?  Postal mail  Email

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: \_\_\_\_\_

**-OVER-**

# Animal Medical History

Please complete information for the pet(s) here today - Thank You!	Pet #1	Pet #2	Pet #3
<b>Pet's Name</b>			
Species (Dog, Cat, Bird, etc.)			
<b>Breed</b>			
Description (Color and Markings)			
<b>Date of Birth</b>			
<b>Sex</b>	M - F	M - F	M - F
<b>Altered or Spayed?</b>	Y - N	Y - N	Y - N
Diet (Name of Your Pet's Food)			
Daily Medications, Vitamins or Treats			
<b>Brand of Pet Insurance</b>			
<b>Medical History</b>	Please present referral form and copies of previous medical history and/or contact information to the front desk with this form.		
<b>Medical History - Prior Illness/Surgery:</b>			
<i>Thank You!</i>			

1) **Payment is due in full at the time services are rendered. We accept all major credit cards, CareCredit, and cash. We do not accept checks. We will gladly prepare a written estimate if you so desire. Please ask a staff member or doctor.**

I have read and understand the statement above.

X \_\_\_\_\_

2) **I understand that my pet will be treated on a referral basis only, that I will not be accepted as a general client of this practice, and that my pets will not be accepted as general patients of this practice.**

I have read and understand the statement above.

X \_\_\_\_\_

3) **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 \_\_\_\_\_