



# Windsor Pet Dental

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[www.vetsinwindsor.com](http://www.vetsinwindsor.com)

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Owner's Name \_\_\_\_\_ Date \_\_\_\_\_

Owner's Address \_\_\_\_\_

Owner's Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email address \_\_\_\_\_

Animal's Name \_\_\_\_\_ Dog or Cat? \_\_\_\_\_ Breed \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_ Current on Rabies vaccine \_\_\_\_\_

Referring Veterinarian \_\_\_\_\_ Referring Hospital \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email of doctor or hospital (for us to send you photographs and radiographs)

\_\_\_\_\_

Primary dental problem(s) for referral. Please include description, duration and location of the problem(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Treatments to date and their effect \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other medical problems or conditions that are pertinent to the dentistry, anesthesia or dispensing of medications. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We have sold our general practice and limit our services to dog and cat dentistry. Please do all required blood work and any other indicated diagnostic tests (e.g. an echocardiogram, chest films etc) at the referring clinic and email/fax us the results:

We require a physical exam and blood work within 6 weeks of the dentistry. Healthy animals under 5 years of age need a “preanesthetic screen”. Pets 5 years and older require a CBC, chemistry with electrolytes (add a total T4 if it is a cat 8 years of age or over). For cats with Stomatitis include a recent FeLV/FIV test. Please do any other tests that may be indicated to minimize the risk of anesthesia.

Level of home care that the owner will provide. \_\_\_\_\_  
\_\_\_\_\_

Next step ( check one)

Referring doctor will call Dr. Waugh [  ]    Client will call Dr. Waugh [  ]    Dr Waugh will call the client [  ]