



Windsor Pet Dental

Sandra Waugh VMD, MS
Sarah E Bronko, DVM
Mike McIntire VMD, MS

2326 US Route 5 North
Windsor VT 05089-9061
(802) 777-1575
info@vetsinwindsor.com

www.vetsinwindsor.com

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 _____

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. _____

Our services are limited 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 Windsor Pet Dental []

Client will call Windsor Pet Dental []

Windsor Pet Dental will call the client []