

Animal Dental Center of WNY Referral Form

David E. Hansen, DVM, FAVD, Dip. AVDC

located at

Town & Country Animal Clinic

3000 Genesee St. Cheektowaga, NY 14225

Phone# 716-896-2424 Fax# 716-896-0519 Email: tandcanimalclinic@yahoo.com

Referring Doctor _____
Referring Hospital _____ Phone# _____
Address _____ City _____ Zip _____ Fax# _____
Email _____

Client _____ Pet Name _____
Address _____
Species _____ Breed _____ M MC F FS DOB/Age _____

Reason for Referral _____

Date of last blood chemistry _____ CBC _____
*If labs have been done recently, please **include a copy** of the results along with this referral form.

Are vaccines current? Y / N Date Rabies Vaccine is due: _____
*An UTD Rabies Vaccination or waiver is **REQUIRED**. Please include proof along with this referral form.

Date of last dental cleaning _____ Any dental radiographs? Y / N
*If there are dental rads, please either **email these to us** OR send a disc with the owner.

Other **dental work** that has been done (please include dates, treatments, surgeries, etc. Do NOT include information that does not relate to the presenting issue or any non-related history/records).

History _____

Please list any current medications, including dosing: _____

Any special considerations: used for show _____ breeding _____ working _____

