

Dental Referral Form

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

Animal Dental Center of WNY

Located at

Town and Country Animal Clinic

3000 Genesee St. Cheektowaga NY 14225 (716)896-2424 Fax (716)896-0519

Dr. Hansen Email: colliedoc@aol.com Clinic website: www.tandcanimalclinic.com

Referring Doctor _____

Referring Hospital _____ Phone _____

Address _____

Client _____ Pet Name _____

Address _____

Species _____ Breed _____ M MC F FS DOB/Age _____

Reason for Referral _____

Date of last blood profile _____ CBC _____ X-Rays Y / N _____

Date of last dental cleaning _____ (List problems below)

Are vaccines current? Y / N Date rabies vaccine due: _____ (current rabies vaccine or waiver required)

Other Dental Work Done (Please include dates, pertinent treatments, surgeries, medications, etc. Do not include information not relating to the presenting issue or records not related to current condition of pet.)

History _____

Special Consideration: Used for Show _____ Breeding _____ Working _____

