



# DENTAL PATIENT HISTORY FORM AND AUTHORIZATION

Prior to your appointment, please fill out this form and email to: [staff@burrridgevet.com](mailto:staff@burrridgevet.com)

Date: \_\_\_\_\_ Pet Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Phone number where you can be reached AT ALL TIMES on the day of dental procedure: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Has your pet been in contact with any COVID-19 positive person in the past two weeks?  Yes  No

Is your pet experiencing any other issues or do you have any additional concerns you would like the doctor to address today?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sometimes we find an area of concern in your pet’s mouth once they are sedated and we are able to do a much more thorough exam. If we find a problem, what would you like us to do?

- Take any x-rays and do any extractions or procedures that the doctor recommends
- Take any x-rays you need to to evaluate, then call me before proceeding with any additional procedures (Extractions, etc)
- Call me at the above number before doing anything

If we are NOT able to get a hold of you and have a question about your pet; what would you like us to do?

- Proceed with what the doctor recommends
- Do not do anything that I have not authorized. I understand that may mean waking up my pet and not performing the scheduled procedure

Signature: \_\_\_\_\_