Welcome to East Hilliard Veterinary Services

Thank you for choosing East Hilliard Veterinary Dental Referral Services. We appreciate you entrusting your pet's dental care to us. Please help us to better serve your pet's needs today and in the future by taking a moment to share some important information with us. Thank you.

Owner

Name: _____

Street Address:_____

Zip Code:_____City:_____State:_____

Phone #1 ( )_____ (H) Phone #2 ( )_____ (C)

Email:_____ (for Doctor and Staff use only)

Employer Name: _____

Occupation:_____ Work Phone #_____

Secondary Owner/Spouse/Emergency Contact

Name: _____

Phone #1: ( )_____ Phone #2 ( )_____

Employer Name:_____

Occupation:_____ Work Phone # _____

Referring Doctor_____

Clinic/Hospital Name_____

Phone: ( )_____ Fax: ( )_____

Name	Sex	Spayed or Neutered	Date of Birth	Breed	Color

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Referral Agreement:

Your pet has been referred to us for dental consultation and treatment.

The veterinarian that sent you to us has confidence in our advanced training to care for your pet's oral health needs. We wish to handle your pet's problem to the best of our ability and then return you to your regular veterinarian for continued health care.

In this spirit of referral, please sign this statement below. By so signing, you agree not to ask us to care for any future non-related problems your pet may have outside of this consultation.

Thank you.

SIGNATURE OF THE OWNER_____

DATE _____

The doctor will provide a treatment plan after the oral examination. **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** We accept MasterCard, Visa, Discover, American Express or Care Credit as means of credit. There will be a $30.00 service charge for any check returned unpaid.