



**NO ANESTHESIA DENTAL
INTAKE FORM**

**Dr. Jacquie Allgire
(602) 881-8083**

DATE: _____

APPOINTMENT TIME: _____

PET INFORMATION:

NAME: _____ BREED: _____

AGE: _____ M ___ F ___ COLOR _____ WEIGHT _____

FAMILY VETERINARIAN: _____

Rabies Current: Y / N Prior Dental Cleanings: Y / N Spayed or Neutered: Y / N

Current Health Concerns: _____

OWNER INFORMATION:

NAME: _____ PHONE # _____

ADDRESS: _____

EMAIL: _____

RELEASE:

I understand that a basic physical examination will be provided by Dr. Jacquie Allgire prior to my pets dental cleaning. The dental cleaning will be performed by a technician while under veterinarian supervision and without anesthesia or sedation. Reasonable precaution against injury, escape or death will be taken and Healing Wise Holistic Veterinary Care, LLC will not be held liable for any problems that develop provided reasonable care and precautions are followed. I allow the supervising veterinarian to treat my pet if medical complications arise and I assume full responsibility for the treatment expense.

There is no fee if my pet is referred back to my family veterinarian for a dental cleaning under general anesthesia based on significant dental disease or temperament. I agree to pay with cash or credit card at the time services are rendered.

SIGNATURE: _____

