



Dallas Veterinary Dentistry and Oral Surgery

2700 W. State Hwy 114, Bldg. 2,
Grapevine, TX 76051

(Inside Veterinary Specialty Center next to AEHNT)

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Client Information

Owner Name:	Primary contact: Circle: cell / work / home	- -
Spouse/ Partner:	Additional contact: Circle: cell / work / home	- -
Address / City / State / Zip:		
Email (for records only):		
Employer:	Spouse/ Partner Employer:	

Primary Veterinarian

Name of Primary Veterinarian: _____ Phone: _____

Hospital: _____ City: _____ **May we contact?** ☐ Yes ☐ No

Specialists: _____

How did you learn about us?

☐ Primary DVM ☐ Emergency ☐ Other Specialty ☐ Internet Search ☐ Friend: _____

☐ I GIVE ☐ I DO NOT GIVE my consent to DVDOS to use my pet's or my name or likeness to promote DVDOS and/or their activities.

Pet Information

Name: _____

DOB or Age: _____

Breed: _____

☐ Dog ☐ Cat ☐ Female ☐ Male ☐ Spayed/ Neutered

Allergies: _____

Vaccines: ☐ Current ☐ Not Current ☐ No longer given

Major Medical Problem/s: _____

Prior Surgery: _____

Date of last dentistry: _____

Last bloodwork: _____

Diet: _____

Medications: _____

An estimate is provided and treatment is discussed prior to any procedure.

All charges are due and payable in full when services are rendered.

Accepted: Cash | Check | Visa | MasterCard | Discover | American Express | Care Credit

Please email this completed form prior to your appointment.

info@dallasveterinarydentistry.com