# Dentistry Patient History

**Please complete this form and bring it to your appointment or email it to Service@AMCSVet.com**

| **Owner Name:** | | | |
|---|---|---|---|
| **Patient Name:** | | | |
| **Problem/Complaint:** | | | |
| **List ALL clinics that have seen your pet for oral surgery or cleanings** | | | |
| **Is your pet up-to-date on vaccines?** | | | |
| **Past treatments for dental disease including cleanings:** | | | |
| **Medications** | **Dose (mg)** | **How often:** | **Last given:** |
| | | | |
| | | | |
| | | | |
| | | | |
| **What are you feeding your pet? (include treats)** | **Brand** | **Amount** | **How often:** |
| | | | |
| | | | |
| | | | |
| | | | |
| **Where did you get your pet?** | | | |
| **Any travel outside of PNW?** | | | |
| **What toys do you give your pet?** | | | |
| **Any known allergies?** | | | |
| **Are you brushing your pet's teeth?** | | | |
| **What dental care products do you give your pet?** | | | |
| **In recent history have you noticed any changes in… (circle/bold what applies)** | | | |
| **Drinking: (Increased/Decreased/Normal)** | | **Appetite: (increased/Decreased/Normal)** | |
| **Weight: (Increased/Decreased/Normal)** | | **Energy: (Increased/Decreased/Normal)** | |
| **Urination: (Increased/Decreased/Normal)** | | **Defecation: (Increased/Decreased/Normal)** | |
| **Coughing: (Increased/Decreased/None)** | | **Sneezing: (Increased/Decreased/None)** | |
| **Vomiting: (Yes/No) How Often?** | | | |
| **Describe any of the abnormal above:** | | | |