

# Arkansas Veterinary Emergency and Specialists

*Barden Greenfield, DVM, Diplomate AVDC*

## ***Dental/Oral History***

***Please answer the following questions to the best of your knowledge***

- ❖ What is the present oral complaint that is affecting your pet? \_\_\_\_\_  
\_\_\_\_\_
- ❖ Approximately how long has this problem been going on? \_\_\_\_\_
- ❖ Was this problem either seen or treated by a veterinarian? \_\_\_\_\_
- ❖ If so, when was the last oral/dental treatment performed? \_\_\_\_\_
  - If an oral procedure was performed by your family vet, did they perform diagnostic dental x-rays on that day? \_\_\_\_\_
- ❖ Do you routinely brush your pet's teeth, provide daily chews, or rinse your pet's mouth with approved dental rinses? (If so, which?) \_\_\_\_\_
- ❖ Has your pet had any past or experiencing present illnesses and if so, please list?  
\_\_\_\_\_  
\_\_\_\_\_
- ❖ Please list any medications your pet is currently taking? (i.e. Heartworm prevention, Anti-inflammatory medications (Rimadyl, Previcox, Metacam) , Antibiotics (Clavamox, Antirobe/Clindamycin, thyroid medication, insulin, others)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ❖ Has current blood work (wellness scan or pre-anesthetic blood panel) been performed by your family veterinarian within the last three months? \_\_\_\_\_
- ❖ Who is your family veterinarian?  
Dr. \_\_\_\_\_ Name of Veterinary Practice \_\_\_\_\_  
\_\_\_\_\_

### ***Post-procedure communication***

Dr. Greenfield or Tammy/Cynthia (his technician) would like to communicate with you the next day or so following the procedure. This helps us better follow your pet's progress to normal dental health.

- ❖ Please provide the following:
  - Email address \_\_\_\_\_
  - Telephone \_\_\_\_\_