

David S. Russell, DVM, FAVD, Dipl. AVDC
4820 E. 33rd Street
Tulsa, OK 74135
(918) 749-8387
www.vetdentalcenter.com
mail@vetdentalcenter.com

WELCOME

Thank you for the opportunity to care for your pet(s)!

CLIENT INFORMATION

Date _____

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ E-mail _____

May we send you special offers and promotions with the e-mail address provided? Yes No

Place of Employment _____ Phone _____

May we call you at work if necessary? Yes No

Driver's License # _____ Social Security # _____

Spouse/Significant Other _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

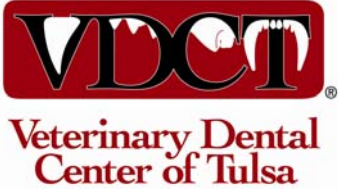
Place of Employment _____ Phone _____

In case of emergency, please call _____ Phone _____

How did you become aware of our clinic?

Drove by Yellow Pages Previous Client Internet

Personal or Veterinary Referral (*Whom may we thank?*) _____



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PET INFORMATION

Pet Name _____ Species _____ Breed _____

Color _____ Age _____ D.O.B _____ Sex _____ Spayed/Neutered

Microchip# _____ Food/Drug Allergies? No Yes Describe _____

Name of your pet's primary veterinarian _____

Were you referred by your primary veterinarian? No Yes

Is your pet on any medications? No Yes Describe _____

Is your pet on a heartworm preventative No Yes Describe _____

Describe your pet's diet _____

Reasons for obtaining pet (check all that apply) Companion Protection Breeding Show Other

What is the primary complaint/reason for referral? _____

Any prior surgeries or illnesses? No Yes Describe _____

Any prior dental procedures? No Yes Describe _____

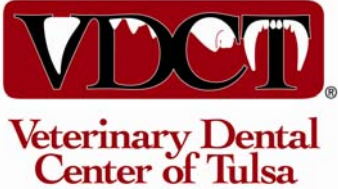
Describe any home dental care you perform on your pet _____

Are you able to brush your pet's teeth? No Yes

Vaccination History (Canine) Rabies Distemper/Parvo Bordetella Leptospirosis Other _____

(Feline) Rabies FVRCP Leukemia Other _____

Date Vaccinations Last Administered _____



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FINANCIAL POLICY

Thank you for choosing Veterinary Dental Center of Tulsa. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. Veterinary Dental Center of Tulsa requires payment in full at the end of your pet's examination and/or at the time of discharge.

PAYMENT OPTIONS

You can choose from:

- Cash, Check, Visa[®], MasterCard[®], American Express[®] or Discover Card[®]
- Convenient Monthly Payment Plans¹ from CareCredit[®]
 - o Allows you to begin treatment today and pay over time
 - o Available for any treatment amount
 - o Can be used repeatedly - for your entire family - without having to reapply¹

DEPOSIT & BILLING

For some treatments or hospitalized care, a deposit may be required. Healthcare plans requiring comprehensive care of more than \$500 or more, will require a 50% deposit to begin your pet's treatment. We may offer in-house payment options on a case-by-case basis. We charge 1.5% interest on all outstanding account balances older than 30 days. If you have an account 90 days past due, Veterinary Dental Center of Tulsa may relinquish your balance owed to a collection agency.

ADDITIONAL POLICY INFORMATION

Veterinary Dental Center of Tulsa charges \$20 for returned checks. For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

By signing below, you agree to the foregoing terms of payment:

Client/Owner Signature

Date

Client/Owner Name (Please Print)

¹Subject to credit approval