



**Veterinary Dental  
Center of Tulsa**



4820 East 33rd St.  
Tulsa, OK 74135  
Phone: (918) 749-8387  
Fax: (918) 742-5119

**Referring Veterinarian's Name:** \_\_\_\_\_

**Hospital Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** ( ) \_\_\_\_\_ **FAX:** ( ) \_\_\_\_\_

**Client Name:** \_\_\_\_\_

**Home Phone:** ( ) \_\_\_\_\_ **Work Phone:** ( ) \_\_\_\_\_

**Cell/Other:** ( ) \_\_\_\_\_

**Patient's Name:** \_\_\_\_\_ **Species:** \_\_\_\_\_

**Breed:** \_\_\_\_\_ **Color:** \_\_\_\_\_

**Sex:** \_\_\_\_\_ **Altered?**  Y  N **Age:** \_\_\_\_\_

**Primary Complaint/Reason for Referral:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Dental Treatments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Significant Medical History including lab reports:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_