



Medical History Form
for your pet's
Non-Anesthetic Dental Cleaning

Your pet is about to receive a Non-Anesthetic Dental Cleaning. Your pet will be awake during this dental procedure, much like when we visit the dentist. *In order to provide this service for your pet, we will have them resting on their side, and we will cradle them into our lap, holding them up against us.* For some pets, we may drape a towel around them to help them feel secure. It will take a level of patience from your pet to sit through a dental procedure, and from time to time they may feel the need to move or adjust. A Non-Anesthetic Dental Cleaning is a medical procedure, and to provide the best possible care for your pet, it is important to disclose all information regarding your pet's medical and behavioral history. **Please circle all applicable conditions and provide any additional information on the lines below. Any conditions not appearing on this list should also be listed on the lines below. Thank you**

- | | | |
|-------------------------|---------------------------|-----------------------------|
| ➤ Heart Condition | ➤ Cancer | ➤ Diabetes |
| ➤ Heart murmur | ➤ Immune System Problems | ➤ Arthritis/Joint Issues |
| ➤ Liver/Kidney Problems | ➤ Thyroid Problems | ➤ Major Surgeries |
| ➤ Respiratory Problems | ➤ Allergies | ➤ Dog/Cat/People Aggressive |
| ➤ History of Seizures | ➤ Recent Weight Loss/Gain | ➤ Cage Shy/Aggressive |
| ➤ Collapsing Trachea | ➤ Blood Disorders | ➤ Face Shy |
| ➤ Back Pain/Problems | ➤ Sensitive Areas | ➤ Fear Biter |
| ➤ Neck Pain/Problems | ➤ Hypo/Hyperglycemia | ➤ Luxating Patellas |

If you have circled any of the above or have additional information about your pet's medical history please explain below:

Client Information:

Contact Name: _____ Contact Phone: _____

Pet's Name _____ Pet's DOB: _____

This is an acknowledgement that I (print name), _____ have provided all information regarding my pet's medical and behavioral history on this form prior to my pet's Non-Anesthetic Dental.

Signature _____ Date: _____