## PDS Medical History Form For your pet's Non-Anesthetic Dental

Your pet is about to receive a Non-Anesthetic Dental. 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 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 check 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 Conditions** Sensitive areas Heart Murmur Luxating Patella Liver/kidney problems Arthritis/Joint issues Respiratory problems Major surgeries History of Seizures Dog/cat/people aggressive Collapsing Trachea Cage shy/aggressive Back pain/problems Face shy Neck pain/problems Fear Biter Hip pain/problems The following section is for any and all additional information regarding your pet's health and/or behavior. **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 \_\_\_\_\_ \*This section is for repeat visits for our Non-Anesthetic Dental procedure. I have re-read and updated the information on this form regarding my pet's medical and behavioral history prior to my pet's Non-Anesthetic Dental. Signature\_\_\_\_\_ Signature\_\_\_\_\_ Date\_\_\_\_\_ Date \_\_\_\_\_