Dr. Regan L. Morris
BOARD CERTIFIED VETERINARY DENTIST

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Veterinary Dental Referral Request Form

***For Referring Veterinarians**

Owner's Name_____ Date_____

Owner's Street Address _____

City_____Postal Code _____

Home Phone_____ Mobile Phone_____

Work Phone _____ Email _____

Animal's Name_____Gender_____Breed_____Date of Birth_____

Current Vaccine History (must be up to date on Rabies) _____

Current Diet:_____Is this a "BEG" diet Yes ☐ No ☐

Referring Veterinarian _____ Referring Clinic _____

Clinic Phone _____ Clinic Email _____

****** Please send photos of the teeth whenever possible -- to include all areas of the mouth******

Primary problem (detailed description of the problem, its location, duration and progression):

_____

_____

_____

_____

List all current medications:

_____

_____

List other current medical conditions (please include copies of any pertinent reports):

_____

_____

Does your patient have a heart murmur? Yes ☐ No ☐ (if yes – please send report of workup if done)

Does your patient have a seizure history? Yes ☐ No ☐

Has this pet had dentistry before? Yes ☐ No ☐

Has your patient lost weight over the past 12 months? Yes ☐ No ☐

Last documented weight and date: _____

List previous weight and dates documenting weight loss if applicable: _____

_____

Referred patients will not be accepted into the general practice. Please send pre-anaesthetic blood results (CBC, CHEM, ELECTROLYTES) (+ TT4 for cats >10 years old) two weeks in advance to the procedure. Patients must be up to date on their Rabies vaccination. All core vaccines are highly recommended.