Sedgefield Animal Hospital Dental Referral Form

Dr. Brooke Townsend, DVM
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SedgefieldVet.com Email: petcare@sedgefieldvet.com

Owner (First and Last name): _____ ***Date:***_____

Owner's Phone Number: _____

Patient Name: _____ *Species:* _____

Breed: _____ *Gender: M MN F FS Birth Date/Age:* _____

Hospital: _____

Referring DVM: _____ ***Email:*** _____

Vaccinations (enter last date given and indicate duration of vaccine):
Rabies Date Given – 1yr or 3yr:_____
DHPP or FVRCP Date Given – 1 yr or 3yr: _____
Bordetella Date Given (dogs only): _____

Reason for Referral:_____

Summary of any significant medical or dental history: _____

_____

Current Medications:_____

_____

Please send any medical records, radiographs, and recent lab work to petcare@sedgefieldvet.com.

We require Rabies, DHPP or FVRCP, Bordetella (for dogs) for all patients staying in the hospital for a procedure unless there is a medical reason to prevent vaccination. Patients will need preanesthetic lab work to include a CBC and chemistry panel within 1 month of referral and dogs need a heartworm test within 12 months. We recommend these services be done at the referring veterinarian's office, but they can be done at the dental exam visit if needed.