



REFERRAL FORM

CLIENT INFORMATION

Name: _____
Address: _____ Cell phone: _____
Address: _____ Work phone: _____
Home phone: _____ Email: _____
Referred by: Primary care veterinarian friend internet other: _____

PATIENT INFORMATION

Name: _____ Species: _____ Breed: _____
Date of birth: _____ Gender: M M/N F F/S Color: _____
Weight: _____ Diet: _____
Use: Pet Show Obedience Breeding Police Shutzhund Hunting Service Other: _____
Do you brush your pet's teeth? Yes No How Often? Daily Weekly Monthly Less Often
Home care products used: _____
Note: _____

REFERRING DOCTOR AND PRACTICE INFORMATION

Dr. _____
Practice name: _____
Practice address: _____

Phone: _____ Fax: _____ Email: _____
Note: _____

REFERRAL INFORMATION

Reason for referral/relevant history: _____

Date of last dental prophylaxis: _____ Rabies vaccine expiration date: _____

Please fax or email relevant medical records, lab results and a rabies certificate with this referral form. Please email digital dental radiographs and photos, if available, to reception@veterinarydental.com.



From Route 495:

Take exit 28 (Route 111 Boxboro Harvard)

Travel on Route 111 **South**/Massachusetts Avenue for 2 miles

Veterinary Dental Services, LLC is located at 530 Massachusetts Avenue. We are in a green building on the right, just before the Boxborough Police Station.

From Route 95/128:

Take exit 29B (Route 2 West Acton Fitchburg)

Follow Route 2 West for 8 miles to the Concord Rotary

Take the 3rd exit off the rotary to stay on Route 2 West/111 North

In 2 miles take left exit 43 for 111 North W. Acton

Follow Route 111 North for 3 miles

Veterinary Dental Services, LLC is located at 530 Massachusetts Avenue. We are in a green building on the left, just after the Boxborough Police Station.

From the west:

Take the Mass Turnpike (Interstate 90) east to Exit 11A (Route 495 North).

Follow directions above for Route 495

Or

Take Route 2 East to exit 38A, Route 110 West/111 South Harvard

Travel on Route 111 South for 3 miles

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