



Dentistry Requisition - Procedure

Forward requisition to: info@evetmobile.com

Signalement and general information

Patient : _____ Age : _____ Weight : _____ kg
Sex : F M Sterilized Species/Breed: _____
Temperament : _____ Report: French English
Treatment plan: _____

Please include:

Signed consent form

Pre-operative blood work

Other pre-operative test results (ex. cardiac ultrasound)

Name of veterinarian in charge on **day of surgery**: _____

In preparation for surgery, please prescribe Gabapentin and/or Tazodone, to be administered the day of surgery, before being transported, unless contraindicated. Please administer 1mg/kg of Cerenia SQ when patient enters the clinic.

Hospital name: _____

Email: _____

Requested date of surgery: _____

In case of late cancellation, a 150\$ fee will be applied. Consider taking a deposit upon booking.

