

**Texas Veterinary Dental Center**  
**12810 Fountain Lake Circle**  
**Stafford, Texas 77477**  
**281-325-0074**



**Law Enforcement Office / Service Dog Information Sheet**

**DATE:** \_\_\_\_\_

**AGENCY NAME:** \_\_\_\_\_

**HANDLER:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**MEDICAL DECISIONS:**

**Name & Position:** \_\_\_\_\_ **Phone#** \_\_\_\_\_ **Email:** \_\_\_\_\_

**FINANCIAL DECISIONS:**

**Name & Position:** \_\_\_\_\_ **Phone#** \_\_\_\_\_ **Email:** \_\_\_\_\_

**BILLING ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PURCHASE ORDER#** \_\_\_\_\_

**REFERRED BY/ Veterinary Hospital: Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Additional Veterinary Hospitals for records: Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**LEO/DOG NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**CIRCLE ONE: MALE/FEMALE    SPAYED/NEUTERED**

**BREED:** \_\_\_\_\_ **COLOR:** \_\_\_\_\_

**Reason for referral:** \_\_\_\_\_

**Please list any other health issues:** \_\_\_\_\_

**Is your service dog currently on any medications? If yes, please list:** \_\_\_\_\_

**Is your service dog allergic to any medications? If yes, please list** \_\_\_\_\_

**Has your service dog had any problems with anesthesia?** \_\_\_\_\_

By signing below, you hereby authorize Dr. McCoy and/or his associates of the Texas Veterinary Dental Center to examine and treat the described dogs listed in your file. You agree to maintain your relationship with your primary veterinarian for health and wellness issues not related to dentistry. You and/or the represented agency also assume financial responsibility for the care of your pet(s). Permission to release medical history is also granted, unless otherwise stated or revoked. **PAYMENT IS DUE IN FULL WITHIN 30 DAYS**

Signature(s) of Financial & Medical Decision Maker(s): \_\_\_\_\_ Date: \_\_\_\_\_