



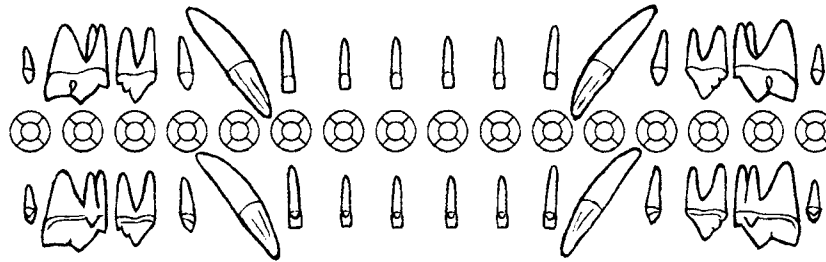
“Pet” Client Name: \_\_\_\_\_ Client Number: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: F S M N Coat Colour: \_\_\_\_\_

Chief Complaint: \_\_\_\_\_

### Cat Dental Record

209	208	207	206	204	203	202	201	101	102	103	104	106	107	108	109



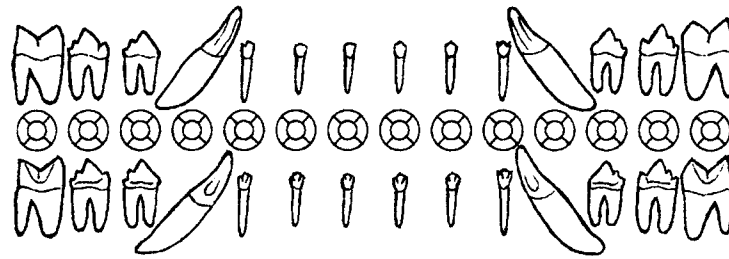
**M**  
**B/L**     **AL**  
**D**        **PP**  
**P**

Buccal/Labial  
**MAXILLA**  
RIGHT  
Palatal

209	208	207	206	204	203	202	201	101	102	103	104	106	107	108	109

**Mobility**  
**Furcation**  
**Diagnosis**  
**Treatment**

309	308	307	304	303	302	301	401	402	403	404	407	408	409



**M**  
**B/L**     **AL**  
**D**        **PP**  
**L**

Buccal/Labial  
**MANDIBLE**  
RIGHT  
Lingual

309	308	307	304	303	302	301	401	402	403	404	407	408	409

**Mobility**  
**Furcation**  
**Diagnosis**  
**Treatment**

**History:**

Medical/Surgical Problem(s): \_\_\_\_\_

Previous Dental Treatment: \_\_\_\_\_

Diet: \_\_\_\_\_

Dental Home Care: \_\_\_\_\_

**Physical Examination:**

Weight: \_\_\_\_\_ lbs./kg General Condition: \_\_\_\_\_ **Skull Type:** Brachycephalic \_\_\_\_\_

Heartrate: \_\_\_\_\_ /min. Pulse: \_\_\_\_\_ /min.Character: \_\_\_\_\_ Mesocephalic \_\_\_\_\_

Respiratory Rate: \_\_\_\_\_ /min. Character: \_\_\_\_\_ Dolicocephalic \_\_\_\_\_

**Occlusion:** \_\_\_\_\_

**Soft Tissue/Bone Abnormalities:** \_\_\_\_\_

**Temporomandibular Joints:**

	L	R	Indices	0	1	2	3	4
A. Pain			Plaque Index <b>PI</b>					
B. Crepitus			Calculus Index <b>CI</b>					
C. Clicking			Gingivitis Index <b>GI</b>					
D. Inhibited Movement			Periodontal Disease Index <b>PDI</b>					

**Diagnosis/Treatment**

1. Preanesthetic Antibiotic Therapy: \_\_\_\_\_ 2. Fluid Therapy: \_\_\_\_\_

3. Anesthetic Protocol: \_\_\_\_\_

4. Radiographic Exam: \_\_\_\_\_

5. Procedures: A. Periodontics B. Endodontics C. Restorative Dentistry D. Oral Surgery E. Orthodontics

6. Assessment/Prognosis: \_\_\_\_\_

7. Medical Therapy: \_\_\_\_\_

8. Home Care: \_\_\_\_\_

9. Rechecks: \_\_\_\_\_