

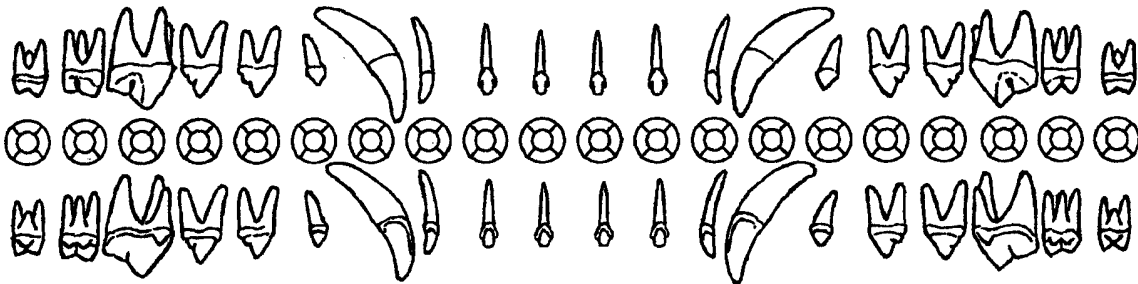


"Pet" Client Name: _____ Client Number: _____ Daytime Phone: _____ Date: _____
 Breed: _____ Age: _____ Sex: F S M N Coat Colour: _____
 Chief Complaint: _____

Dog Dental Record

210 209 208 207 206 205 204 203 202 201 101 102 103 104 105 106 107 108 109 110

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



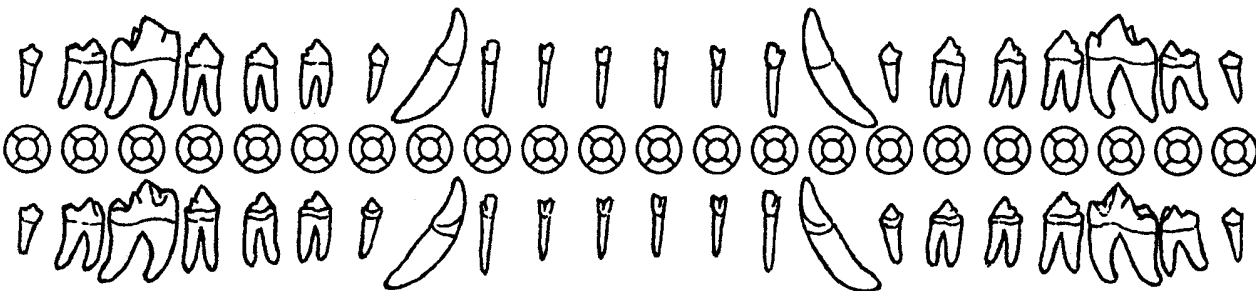
Buccal/Labial
MAXILLA
 RIGHT
 Palatal

210 209 208 207 206 205 204 203 202 201 101 102 103 104 105 106 107 108 109 110

Mobility
Furcation
Diagnosis
Treatment

311 310 309 308 307 306 305 304 303 302 301 401 402 403 404 405 406 407 408 409 410 411

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



Buccal/Labial
MANDIBLE
 RIGHT
 Lingual

311 310 309 308 307 306 305 304 303 302 301 401 402 403 404 405 406 407 408 409 410 411

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 PI					
B. Crepitus			Calculus Index CI					
C. Clicking			Gingivitis Index GI					
D. Inhibited Movement			Periodontal Disease Index PDI					

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: _____