



## Animal Dentistry & Oral Surgery

## ORAL & DENTAL HISTORY

Today's Date

Patient Name

Age

Sex:  Female  Male

***In order to assess your pet's oral health, we would appreciate if you could provide us with some important information by answering the following questions:***

Approximately how long have you had your pet and how did you come to acquire him/her?

\_\_\_\_\_

What is your pet's normal diet? \_\_\_\_\_

Do you provide any at-home oral care for your pet?  Yes  No If so, what and how often? \_\_\_\_\_

\_\_\_\_\_

When was the last time your pet had an oral exam by a veterinarian (approximate)?

\_\_\_\_\_

When was the last time your pet had a dental cleaning performed under anesthesia? Was there anything done other than a routine cleaning (i.e. extractions, biopsy, etc)? \_\_\_\_\_

\_\_\_\_\_

Please describe the reason for your visit today and when you first became aware of this concern.

\_\_\_\_\_

\_\_\_\_\_

Is this a recurring problem?  Yes  No Did your family veterinarian discover the problem(s)?  Yes  No

Has this problem been previously treated?  Yes  No Explain: \_\_\_\_\_

\_\_\_\_\_

1. Abnormal appetite:  Yes  No

2. Abnormal chewing:  Yes  No

3. Chews only on one side:  Yes  No

4. Not chewing on hard objects:  Yes  No

5. Unusual or unpleasant odor:  Yes  No

6. Grinding teeth:  Yes  No

7. Excessive salivation/drooling:  Yes  No

8. Broken tooth:  Yes  No

9. Oral growth:  Yes  No

10. Oral pain or sensitivity:  Yes  No

Are there any other symptoms of oral problems or dysfunction? \_\_\_\_\_

\_\_\_\_\_

Does your pet have a known heart murmur or other cardiovascular problem?:  Yes  No

Does your pet have any other health problems?  Yes  No List these: \_\_\_\_\_

\_\_\_\_\_

If your pet is scheduled for an anesthetic procedure today, please verify the last time they had anything to eat:

\_\_\_\_\_