Documents shown as *italic text* in this document are available from the [Information for Registered Applicants](#) web page.

The Oral-Dental Record Forms ("dental charts") used by trainees for canine patients and feline patients must be reviewed and approved by the Credentials Committee to complete the credentials application requirement. Approval may be obtained either by the Pre-Approval process, or the charts may be submitted for review as part of a Credentials Application.

*Note:* Approval of Dental Charts is **not** required if the trainee is a resident registered in an AVDC-approved residency site, because review of dental charts is included in the Residency Site review and approval process.

**Format and Content:**
1. A dental chart must be completed for all cases logged. Ideally, the chart format presented for Credentials Committee review will have been used consistently during the training program; however, this is not a requirement.
2. Several examples of dental charts used by AVDC Diplomates are shown below. No chart is perfect for all patients. Develop a format that works for you, and have your Supervisor review it.
3. DentaLabels® are not sufficiently detailed for AVDC case-log purposes.
4. If you use abbreviations on your dental charts that are not included in the *AVDC Abbreviation List*, provide definitions of your abbreviations on a cover page.

**Submission:**
Submit the files electronically via DMS as a Dental Charts document. If the charts are used clinically in printed format and electronic versions of the charts are not available, scan or photograph the charts to create images for electronic submission.

Name the files: *TraineeLASTNAME,FirstName Chart Dog or Cat year*.

**Examples of Dental Charts**

The example charts shown below are provided courtesy of several AVDC Diplomates.
### CANINE RECORD

DATE

OWNER

ADDRESS

OFF. TEL#

RES. TEL#

REFER VET

TEL #

CASE#

NAME

BREED

AGE

SEX

CHIEF COMPLAINT

WT.

OCCLUSION

ENDODONTICS

ORTHODONTICS

PROPHYLAXIS

SKULL TYPE

EXODONTIA

PERIODONTAL SURGERY

RADIOLOGY

SALIVARY FLOW

ORAL SURGERY

RESTORATIONS

TEMPOROMANDIBULAR PALPATION

<table>
<thead>
<tr>
<th>Mobility/Furcation</th>
<th>110</th>
<th>109</th>
<th>108</th>
<th>107</th>
<th>106</th>
<th>105</th>
<th>104</th>
<th>103</th>
<th>102</th>
<th>101</th>
<th>201</th>
<th>202</th>
<th>203</th>
<th>204</th>
<th>205</th>
<th>206</th>
<th>207</th>
<th>208</th>
<th>209</th>
<th>210</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perio Pocket</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attachment Loss</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PDI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

BUCCAL/LABIAL

MAXILLA

Right

PALATAL

BUCCAL/LABIAL

MANDIBLE

Right

LINGUAL

<table>
<thead>
<tr>
<th>Mobility/Furcation</th>
<th>411</th>
<th>410</th>
<th>409</th>
<th>408</th>
<th>407</th>
<th>406</th>
<th>405</th>
<th>404</th>
<th>403</th>
<th>402</th>
<th>401</th>
<th>301</th>
<th>302</th>
<th>303</th>
<th>304</th>
<th>305</th>
<th>306</th>
<th>307</th>
<th>308</th>
<th>309</th>
<th>310</th>
<th>311</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perio Pocket</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attachment Loss</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PDI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

X-Ray Results

Assessment

Medication

Feeding Instructions

Special Instructions

Re-Checks

Dear Dr. Hart,

We thank you for this interesting referral and hope that we have been helpful. If you have any questions, or we can be of any further assistance, please don't hesitate to advise us.
KEY
E External root resorptive lesion
C Caries
• Missing
) Pocket (list depth in mm)
Fractured crown

CANINE ORAL EXAMINATION RECORD
[Note teeth and grade (if applicable).]
• General Comments
  - Saliva
  - Breath
  - Tonsils
  - Lips
  - Regional Lymph Nodes
• SKULL TYPE
  □ Brachycephalic
  □ Mesocephalic
  □ Dolichocephalic

□ OCCLUSION
  □ Normal (scissors) bite
  □ Level bite
  □ Prognathic
  □ Brachygnathic
  □ Anterior crossbite
  □ Posterior crossbite
  □ Wry mouth
  □ Attrition/Abrasion
• GINGIVA-PERIODONTAL DISEASE
  (Grading* see back of first sheet)
  □ None
  □ Hyperplasia
  □ Gingivitis*
  □ Plaque*
  □ Calculus*
  □ Pockets > 3mm
□ Pockets > 5mm
□ Recession/root exposure
□ Furcation exposure*
□ Mobility*

• DENTAL ABNORMALITIES
  □ Retained deciduous
d□ Crowding
d□ Rotation
d□ Malpositioned teeth
d□ Missing teeth
d□ Supernumerary teeth
d□ Fractures
d□ Pulp exposure
d□ External root resorptive lesion
□ Caries
□ Pulp hemorrhage

• RADIOGRAPHIC FINDINGS

Page one of a two-page canine chart
Examination
KEY
GV - Gingivectomy
FT - Fluoride Treatment
V - Varnish
X - Extraction
• - Missing
P - Pulpotomy
CR - Conventional root canal therapy

CANINE DENTAL TREATMENT

- □ RADIOLOGY
- PERIODONTICS
  - □ Ultrasonic scaling
  - □ Subgingival curettage/root planing
  - □ Polishing
  - □ Gingivectomy
  - □ Flap
  - □ Fluoride treatment
  - □ Varnish

- ORAL SURGERY
  - □ Exodontia
    - □ Routine extraction
    - □ Sectioning
    - □ Buccal cortical bone removal
  - □ Mucoperiosteal flap
  - □ Oronasal fistula repair
  - □ Gingival biopsy
  - □ Tumor removal
  - □ Mandible fracture repair
  - □ Other

- ENDODONTICS
  - □ Vital Pulpotomy
  - □ Conventional root canal
  - □ Surgical root canal therapy
  - □ Other

- RESTORATIONS
  - □ Amalgam
  - □ Composite
  - □ Glass ionomer
  - □ Crown
  - □ Flap
  - □ Crown Lengthening

- ORTHODONTICS
  - □ Impression/model
  - □ Bracket/button, elastics/chain
  - □ Acrylic splint
  - □ Incline plane
  - □ Other

- PERIOPERATIVE THERAPY
  - □ Antibiotic-Name-Dosage-Route
    1. Pre-op
    2. Post-op
  - □ Chlorhexidine
  - □ Local/Regional Anesthesia
  - □ Other

- OTHER PROCEDURES
**Feline Dental Form**

<table>
<thead>
<tr>
<th>Owner</th>
<th>Pet Name</th>
<th>Date / / /</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB</td>
<td>/ / /</td>
<td>Sex: M NM Fe SF Species:</td>
</tr>
<tr>
<td>Chief Complaint</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Past Dental History</td>
<td>Last Prophy / / /</td>
<td></td>
</tr>
<tr>
<td>Pertinent Medical History</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diet</td>
<td>Chew Toys</td>
<td></td>
</tr>
<tr>
<td>Home Dental Care: Brush</td>
<td>Rinse</td>
<td>Meds</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case #</td>
<td></td>
<td>MRCL cross Reference#</td>
</tr>
</tbody>
</table>

**Medical Alert**

**Skull Type**
- Brachycephalic
- Mesocephalic
- Dolichocephalic
- Other:

**Occlusion**
- Normal Scissors
- Class I:
  - PM Shift
  - Anterior Crossbite
  - Posterior Crossbite
  - Rostrally deviated Max. Canine
  - Base narrow lower canines
- Class II:
  - (Brachygnathic/Over)
  - (Prognathic/Under)
  - Level/reverse scissor/underbite
- Other:
  - Wry
  - Occlusal wear: I C P M

**Dental Abnormalities**
- Ret. Deciduous
- Missing
- Supernumerary
- Cartes
- Broken
- Discolored
- Gingival recession
- Gingival hyperplasia
- Tooth mobility
- Furcation exposure
- Other:

**Indexes**
- Overall calculus index (CI):
  - None
  - 1) Supragingival w/ or without subgingival
  - 2) Moderate subgingival
  - 3) Abundant supragingival and/or subgingival

- Overall Gingivitis Index (GI):
  - None
  - 1) mild/ no bleeding
  - 2) moderate/ bleeding on probing
  - 3) severe/ spontaneous bleeding

**MISC.**
- Oral Enlargements
- Pharynx
- TMJ
- Other

**Pre-Anesthetic Exam**
- Auscultation, MM/CRT
- Weight (Kg)

**Anesthesia**
- PA:
  - (Agent Description) mg / route / Time
- Induc:
- Maint:
- E.T. tube size: Time Finished:
- Pulse Ox Reading: Doppler Pressure:

**Medications**
- Fluids: Type / route / volume
- Meds administered:
- Meds dispensed:
- Recommended Followup:

**Referral**
- Referred by:
- Contact #
- Contact made on / / / at AM PM Spoke with:
- Referral Letter sent on / / To:
- Documentation: Rads / Polaroid Photos / Digital Photos
- Misc. Notes: