



Australian Veterinary Dental Society

Canine Dental Record

Patient: _____ Owner: _____

Breed: _____ Age / Sex: _____ Phone No.: _____ Date: _____

Chief Complaint: _____

Past Dental History: _____

Existing home dental care: Brushing Oral Rinse Medication None

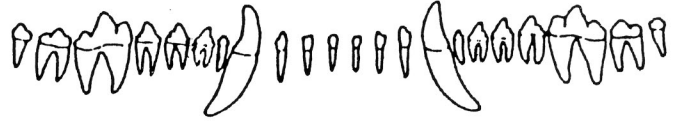
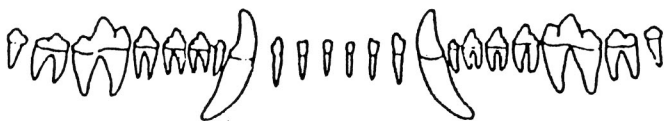
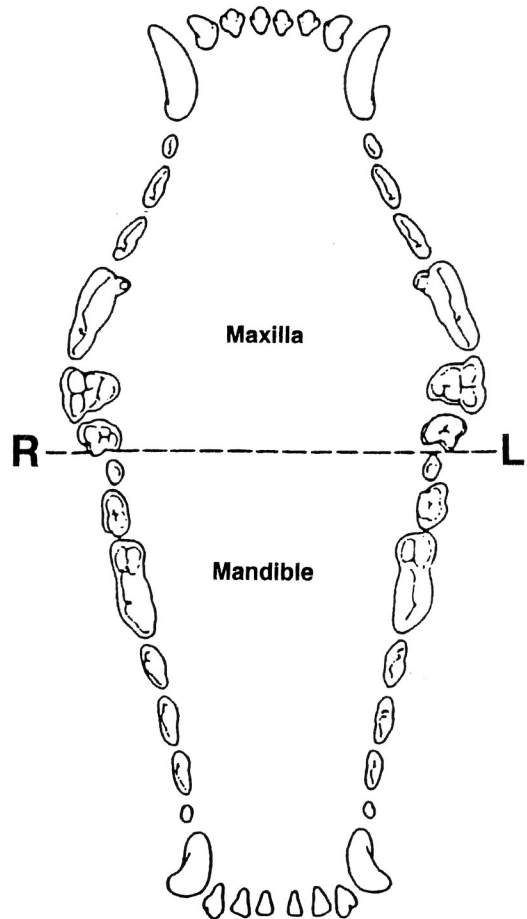
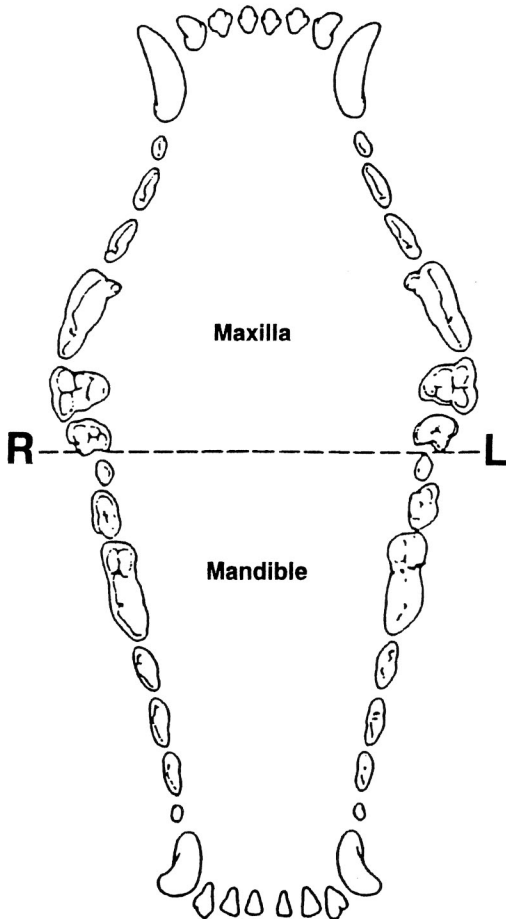
Diet / Oral Habits: _____

Occlusion: _____ Anaesthesia: _____ Temperament: _____

PRE-TREATMENT



POST-TREATMENT



REMARKS

1. _____
2. _____
3. _____