



# Australian Veterinary Dental Society

## Feline Dental Record

Patient: \_\_\_\_\_ Owner: \_\_\_\_\_

Breed: \_\_\_\_\_ Age / Sex: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Date: \_\_\_\_\_

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

Past Dental History: \_\_\_\_\_

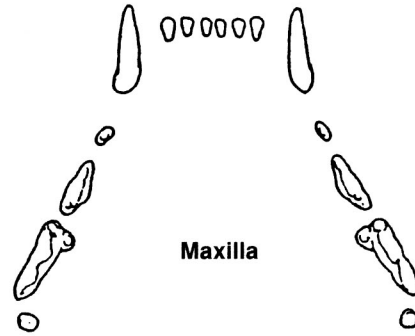
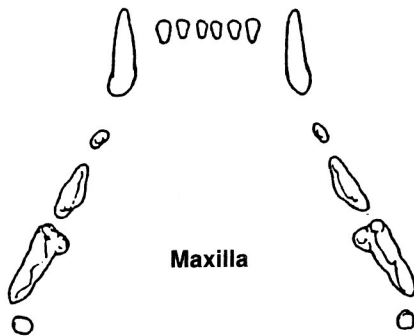
Existing home dental care:      Brushing      Oral Rinse      Medication      None

Diet / Oral Habits: \_\_\_\_\_

Occlusion: \_\_\_\_\_ Anaesthesia: \_\_\_\_\_ Temperament: \_\_\_\_\_

### PRE-TREATMENT

### POST-TREATMENT

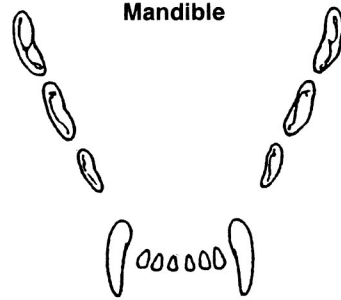
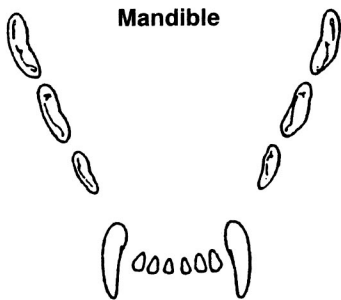


Maxilla

Maxilla

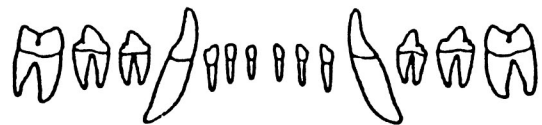
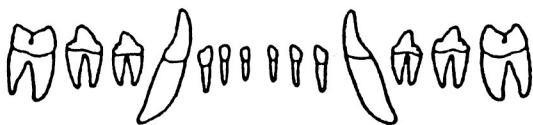
R-----L

R-----L



Mandible

Mandible



### REMARKS

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_