

DENTISTRY HISTORY FORM

Client Name _____

Pet's Name _____

Contact Phone Number for today _____

1. Why are you bringing your pet to Purdue Small Animal Primary Care?
2. When was the last time your pet ate food?
3. Has your pet been previously diagnosed with any dental diseases or had any dental treatment performed on him/her? Which diseases?
4. What medications or supplements is your pet currently taking? When was the last dose given?
5. What is your pet's current diet? Dry kibble, canned, or semi-moist?

What treats do you routinely give your pet?

6. What are your pet's chewing habits?
 - a. Chew hard objects
 - b. Chew sticks or stones
 - c. Chew soft objects
 - d. Doesn't chew at all
7. Which of the following clinical signs have you noticed?

Dental tartar

Bad breath

Loss of teeth

Drooling

Red stained saliva

Not eating

Difficulty eating/drops food when eating

Weight loss

Pawing at the face

Other _____

8. What home dental care are you currently performing with your pet?

Brushing	Daily	Weekly	Monthly	Never
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Chews bones	Daily	Weekly	Monthly	Never
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Chews rawhides	Daily	Weekly	Monthly	Never
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Chews plastic/rubber toys	Daily	Weekly	Monthly	Never
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Oravet Oral Gel weekly	Yes	No		
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Water additive	Daily	Weekly	Monthly	Never
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Other: _____

9. Would you be willing to follow an at-home dental disease prevention program (like tooth brushing or applying Oravet oral gel)? YES NO