DATE: ____________

Dental Questionnaire

1. Patient’s Name: _______________________ Owner’s Name: ________________________

2. Animal’s Age: _______________ (circle) Canine or Feline. Breed: __________________________

3. Spayed or Neutered? (Circle if yes). If Intact male or female, is this a show pet? Circle: YES or NO
   If this is a show dog or cat, do you prefer the dental department to: (circle option below)
   a) SHAVE OR b) DO NOT SHAVE
   for the Intra-Venous (IV) catheter and anesthesia monitoring equipment?
   NOTE: By requesting the no-shave option for show animals, I accept the increased risk of infection at the IV catheter sited and more limited anesthesia monitoring capabilities.
   (owner’s initials) ____________________.

4. Has your pet had any prior dental procedures? Circle: YES or NO. If yes, date/s: __________________
   If any complications, please describe: _____________________________________________________

5. Has your pet had any previous episodes of general anesthesia? Circle: YES or NO
   If any complications, please describe: _____________________________________________________

6. Diet: Dry food, brand: ____________________________ Wet food, brand: ____________________________
   Treats/Other: ____________________________
   Is your pet having difficulty eating? Circle: YES or NO. If YES, describe the problem/s: ________________
   _______________________________________________________________________________________

7. Does your pet play with any toys? If yes, describe type: ____________________________

8. Does your pet chew on hard objects? If yes, list type: ____________________________

9. Are you currently using any dental homecare products on your pet? Circle: YES or NO
   If yes, please list: ____________________________

10. Is your pet currently on any medication? Circle: YES or NO. If yes, please list all medications:

Please note any other pertinent issues or information here:
_____________________________________________________________________________________
_____________________________________________________________________________________