



Australian Veterinary Dental Society

Feline Dental Record



**Vet
Business
Accelerator**

Patient: _____ Owner: _____

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

Chief Complaint: _____

Past Dental History: _____

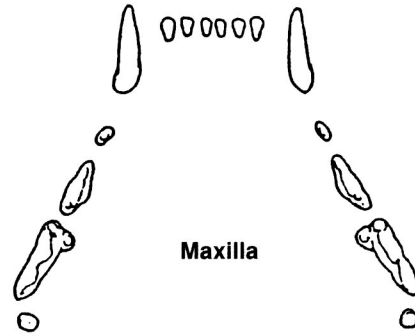
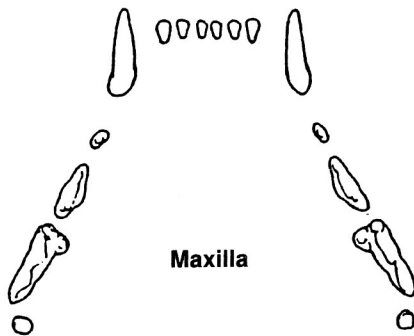
Existing home dental care: Brushing Oral Rinse Medication None

Diet / Oral Habits: _____

Occlusion: _____ Anaesthesia: _____ Temperament: _____

PRE-TREATMENT

POST-TREATMENT

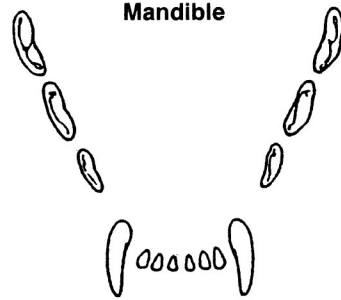
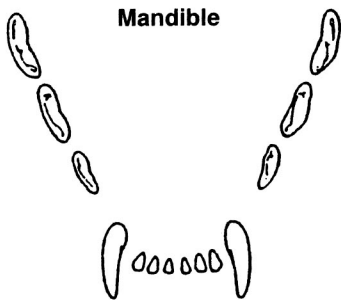


Maxilla

Maxilla

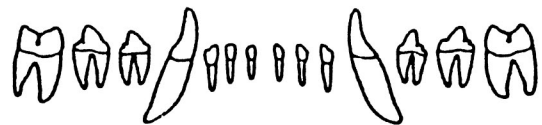
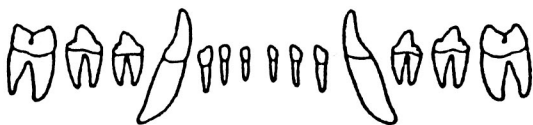
R-----L

R-----L



Mandible

Mandible



REMARKS

1. _____
2. _____
3. _____