



Animal Dental Clinic of Pittsburgh, LLC

Dental Questionnaire

DATE: _____

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:

