










ORAL HEALTH CHECK LIST

DOES YOUR PET EXHIBIT:

-  Bad breath (one of the first signs)
-  Yellowing of the teeth or a brownish crust on the teeth
-  Reddening of the gum tissue or swollen gums
-  Bleeding gums
-  Decreased appetite or going to the food bowl but not eating
-  Change of chewing habits or swallowing food whole
-  Dropping food out of the mouth
-  Drooling
-  Loose or missing teeth

If you answered yes to any of the above, please have your pet examined by one of our veterinarians.

ORAL HEALTH CARE ROUTINE:

Teeth brushing

If yes, how often? _____

Use other dental products

If yes, what products are used? _____

How often? _____

How long since last dental/periodontal treatment? _____

*Bring this completed form to your pet's exam appointment and receive a **complimentary toothbrush and toothpaste sample** as well as Dr. recommendations for your pet's health.*

VETERINARIAN RECOMMENDATIONS:
