

## Mouth/Teeth Questionnaire

**Patient Information Label**

Doctor: \_\_\_\_\_

Tech: \_\_\_\_\_

1. What is the presenting complaint?  
\_\_\_\_\_
2. What is your pet's current diet? (be as specific as possible)  
\_\_\_\_\_
3. What is your pet's appetite like?  
\_\_\_\_\_
4. What is your pet's water intake like?  
\_\_\_\_\_
5. Is there an odor to the mouth? Has it changed recently?  
\_\_\_\_\_
6. Is pet coughing or has your pet's breathing changed at all?  
\_\_\_\_\_
7. Has your pet ever has a professional dental cleaning? If yes, when was it last done?  
\_\_\_\_\_
8. Does your pet seem to be experiencing any pain or discomfort? If yes, on a scale of 1-10 how much?  
\_\_\_\_\_
9. Does pet seem to have any difficulty chewing or swallowing?  
\_\_\_\_\_
10. Does you pet generally chew with both sides of its mouth, or does it favor one side?  
\_\_\_\_\_
11. Has your pet ever had any teeth pulled out, or have any broken off or fallen out?  
\_\_\_\_\_
12. Does your pet have any known allergies?  
\_\_\_\_\_
13. Is your pet kept indoors, outdoors, or both?  
\_\_\_\_\_
14. Has your pet been away from its normal environment, or been around any new animals recently?  
\_\_\_\_\_
15. Does your pet chew on any of the following? (circle all that apply)  
Rawhides Pig Ears CET Chews Cow Hooves Metal on fencing/crates  
Greenies Nyla Bones Natural Bones (real animal bones) Jumbones/other  
various chews Kongs/other rubber toys Hard plastic toys Other (please list):  
\_\_\_\_\_