

# Dental Record: Dog

Date: ...../...../.....

OCCLUSAL EVALUATION	EXTRAORAL FINDINGS	ORAL SOFT TISSUES	PLAQUE & CALCULUS	OTHER RELEVANT FEATURES
Incisor occlusion: .....	.....	.....	.....	.....
Canine occlusion: .....	.....	.....	.....	.....
Premolar alignment: .....	.....	.....	.....	.....
Distal P/M occlusion: .....	.....	.....	.....	.....
Head symmetry: .....	.....	.....	.....	.....
Individual teeth: .....	.....	.....	.....	.....
Other: .....	.....	.....	.....	.....

	M2 (110)	M1 (109)	P4 (108)	P3 (107)	P2 (106)	P1 (105)	C (104)	I3 (103)	I2 (102)	I1 (101)	I1 (201)	I2 (202)	I3 (203)	C (204)	P1 (205)	P2 (206)	P3 (207)	P4 (208)	M1 (209)	M2 (210)		
Furcation																						Furcation
Gingivitis																						Gingivitis
Mobility																						Mobility
Buccal																						Buccal
PROBING																						PROBING
Lingual																						Lingual
Lingual																						Lingual
PROBING																						PROBING
Buccal																						Buccal
Mobility																						Mobility
Gingivitis																						Gingivitis
Furcation																						Furcation