



Houndstooth Non-Anesthetic Dental Report

Fee Level _____
C ___ P ___ G ___ T ___

Recommended Follow Up

3 6 12 Month

New Patient: Y N

Last Dental Date _____

I acknowledge that it is my responsibility to have a thorough physical examination of my pet(s) performed by my regular veterinarian prior to the Houndstooth non- anesthetic dental cleaning. I agree to have a Houndstooth Technician, clean the teeth of my pet, _____, without anesthesia as described above in the facility of Holistic veterinary Healing. Visit is only for the purpose of Dental Hygiene. As such, I agree to hold the above mentioned clinic harmless for any other or additional medical conditions that my pet may have or may exhibit and I release the above mentioned clinic of any liability.

Signature: _____ Date: _____

Vet Eval
 Antibiotics
 See Note

Today's Procedure

Prophy
 Perio Treatment
 Gross Debridement
 Ultrasonic/Manual
 Pre/Post- surgical
 Consultation
 Home Care Demo
 Other _____

Home Care Suggestions

Wiping/Brushing Daily
 Oral swabs
 Peroxide & Water
_____ %

First Name _____

Last Name _____

E-Mail _____

Phone _____

City _____ ST _____

Pet Name _____ Breed _____ Birth _____

Is This Your Vet: Yes NO >>

Name of Vet Clinic: _____

Notes

Treatment Level

- 1. Light/Moderate
 - 2. Moderate/Heavy
 - 3. Heavy/Severe
- Additional treatments needed /severe condition

Oral Abnormalities

- _____ Abscess Track
- _____ Crowding
- _____ Hyperplasia
- _____ Pockets
- _____ Recession
- _____ Gingivitis
- _____ Lesion
- _____ Fractured
- _____ Furcation
- _____ Mobility
- _____ Pulp Exposure
- _____ Other/see

Perio Disease Index:

- Levels 1-4 _____
- Localized _____
- General _____
- Active _____
- Stable _____

Patient Temperament

- Perfect
- Dementia
- Hyper-Nervous
- Fear Biter
- Aggressive Biter

Nothing Remarkable _____

Involvement: Most Buccal Surfaces _____ All Surfaces _____

Black Plaque % Remaining _____