



Winrock

ANIMAL CLINIC, P.C.

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Owner's/Guardian's Name _____ Pet's Name _____

Mouth/Teeth Questionnaire

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):
