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Patient Name and Last Name: _____ **Date:** _____

Oral and Dentistry Questionnaire:

1. What breed is your pet? _____
2. Does your pet's mouth have an odor? ___yes___no
3. Do you brush your pet's teeth? ___yes___no -How often? _____

4. Do you feed pet food that is approved by VOHC (has seal of approval of Veterinary Oral Health)? ___yes___no. If so which one? _____
5. Do you feed canned or dry food? _____
6. Has your pet had a teeth cleaning and polishing before? ___yes___no
When was the last one done? _____
Were X-rays of the whole mouth taken? ___yes___no.
7. Have you noticed any obvious signs of pain in the mouth such as chattering, rubbing the mouth, unusual chewing behavior, excessive slobbering, nibbling behavior, or discomfort when brushing the teeth? ___yes___no.
Describe: _____

8. Have you noticed any discoloration to any of the teeth? ___yes___no.
Describe: _____
9. Have you noticed any odd shaped tissues or teeth in the mouth? ___yes___no
Describe: _____
10. Has your pet been diagnosed with any medical conditions or diseases in the past? ___yes___no. Describe: _____

11. Have teeth been extracted or received treatment in the past? ___yes___no
Describe: _____

12. Would you mind if we take photos of your pet to give you and also display in our "Wall of Smiles" photo collection? ___yes___no -Initials: _____

COMMENTS: _____
