Your Pet’s Mouth and Why It Is Important
Did you know your pet accumulates plaque and develops dental calculus 5 times faster than people? Most dogs and cats show signs of gingival disease by the time they are 3 years old. But bad breath isn’t the only consequence. With periodontal disease, your pet experiences pain and his or her bloodstream is showered with bacteria from the mouth — potentially causing problems with the heart, kidneys and liver. By following these recommendations, however, you can make a dramatic difference in helping your pet live a longer, healthier life.

What We Saw Today
This is how your pet’s mouth looked today. Your pet’s dental status is:

- No sign of dental disease: Gingiva are smooth, pinkish or pigmented, and firm. No visible plaque on teeth.
- Grade 1 dental disease: Slight redness of the edge of gingiva. No tissue attachment loss.
- Grade 2 dental disease: Some accumulation of calculus and visible plaque on teeth. Gums bleed on probing. Loss of tissue attachment.
- Grade 3 dental disease: Heavy calculus and plaque. Mobility of teeth greater than normal. Up to 50% loss of tissue attachment and underlying bone.
- Grade 4 dental disease: Heavy calculus and plaque. Extreme tooth mobility. More than 50% loss of tissue attachment and underlying bone.

Our Recommendations
- A dental cleaning needs to be scheduled for your pet in ________________________________________________.
- The following home health care is advised:
  - Brush teeth at home as shown by the dental technician. Daily brushing is best but can be difficult in some pets. Other home care products will help, too, especially if daily brushing is difficult.
  - Oral Gel: ____________________________________________________________
  - Dental Chews: _______________________________________________________
  - Dental Diet: _________________________________________________________

Comments: _______________________________________________________________________________________
________________________________________________________________________________________________

Your next appointment for _______________________________ is scheduled for _________________________________.

Please call if you have any questions. We look forward to seeing you!

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Front Office Staff
☐ Gave client educational materials.
☐ Discussed payment options. Owner’s payment method will likely be _____________________________.
☐ Dentistry scheduled for _____________________________.
☐ Owner declined scheduling at this time. Placed on call-back list for _____________________________.

Technician
☐ Discussed Dental Report Card, including home care.
☐ Reviewed recommended procedures and costs with owner.
☐ Gave handouts, samples.

Veterinarian
☐ Performed oral exam.
☐ Filled out Dental Report Card and discussed with owner.

Specific Findings
Dental Disease Grade: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Recommendations
Dental cleaning within ___________ days/weeks/months
Home care:
☐ Brushing: ________________________________
☐ Oral Gel: ________________________________
☐ Dental Chews: ________________________________
☐ Dental Diet: ________________________________
☐ Samples Given: ________________________________

Follow-up
☐ Confirm dental cleaning appointment. ___________ ___________
☐ Call back to schedule cleaning. ___________ ___________
☐ Follow up on home care progress. ___________ ___________