Dental Health Questionnaire

1. Is your pet on any medications? Please list name, quantity given, and time given.

2. Does your pet take any supplements? Please list any fatty acids, oils, CBD, or additions to food.

3. What does your pet eat? (Please list brand, raw, kibble, or wet)

4. What does your pet chew on? (Please list any chews, bones, antlers, treats, raw hides, sticks, etc.)

5. Please list any allergies your pet has.

6. Has your pet had any coughing, sneezing, vomiting or diarrhea in the past two weeks?

7. Does your pet allow you to perform any dental homecare? Please list any brushing, additives, rinses, or sprays and frequency of use.