



Australian Veterinary Dental Society

Rabbit Dental Record

Patient: _____ Owner: _____

Breed: _____ Age / Sex: _____ Phone No.: _____ Date: _____

Chief Complaint: _____

Past Dental History: _____

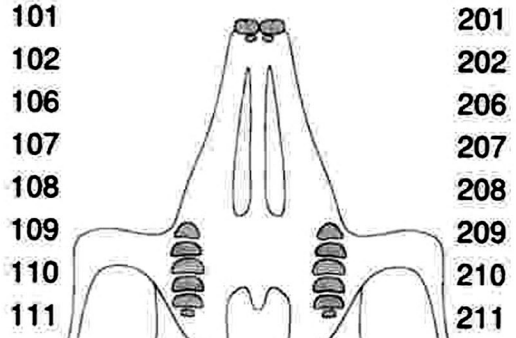
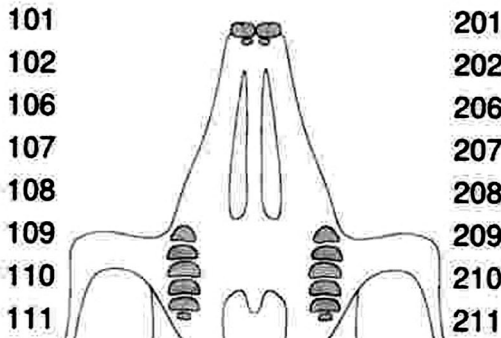
Existing home dental care: Brushing Oral Rinse Medication None

Diet / Oral Habits: _____

Occlusion: _____ Anaesthesia: _____ Temperament: _____

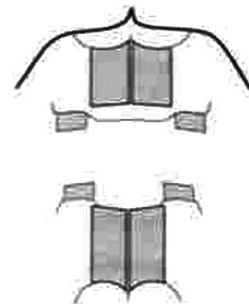
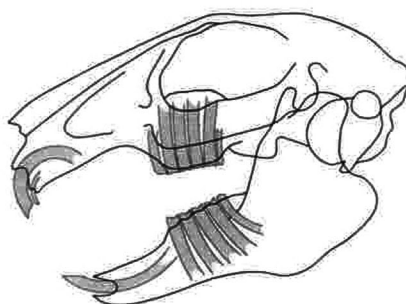
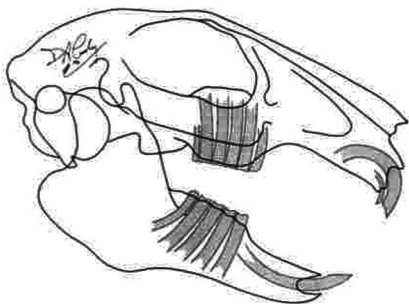
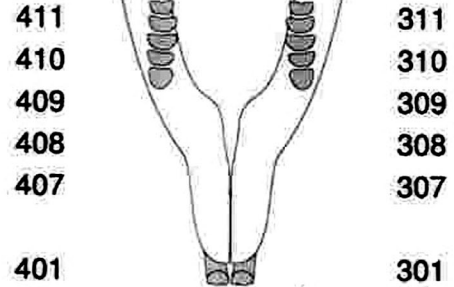
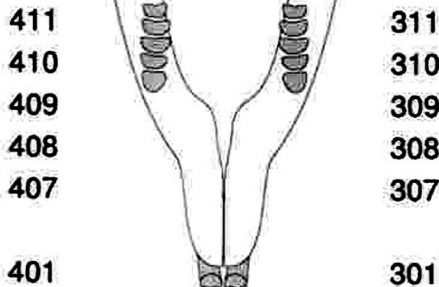
PRE-TREATMENT

POST-TREATMENT



R ----- **L**

R ----- **L**



REMARKS

1. _____
2. _____
3. _____