VDS EQUINE DENTAL RECORD

Owner: _____ Phone: _____ Date:

Address: _____ City: _____ Post Code:

Equine Name: _____ Age: _____ Sex: ☐ Male ☐ MC ☐ Female

Breed _____ Colour _____ Condition: 1 2 3 4 5 6 7 8 9

Use: *Pleasure Performance Racing Other* Bit: *Snaffle* / _____ Feed: ☐ Graze ☐ Hay ☐ Processed

FARSIDE

Lateral Excursion: NONE LIMITED UNRESTRICTED
Post Dental Work: NONE LIMITED UNRISTRICTED
Percent of Occlusion _____% Post Dental _____%

CAUDAL | ROSTAL MOVEMENT

NONE LIMITED UNRESTRICTED
C/R Post Dental Work:
NONE LIMITED UNRESTRICTED

NEARSIDE

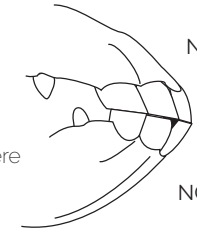
Lateral Excursion: NONE LIMITED UNRESTRICTED
Post Dental Work: NONE LIMITED UNRISTRICTED
Percent of Occlusion _____% Post Dental _____%

MOLAR TABLE ANGLE

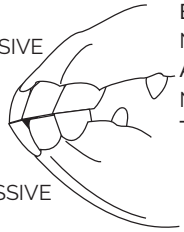
Before Dental Work:
NORMAL FLAT STEEP EXCESSIVE
After Dental Work:
NORMAL FLAT STEEP EXCESSIVE
TMJ Pain Scale: ☐ None ☐ Mild ☐ Moderate ☐ Severe

INCISOR TABLE ANGLE

Before Dental Work:
NORMAL FLAT STEEP EXCESSIVE

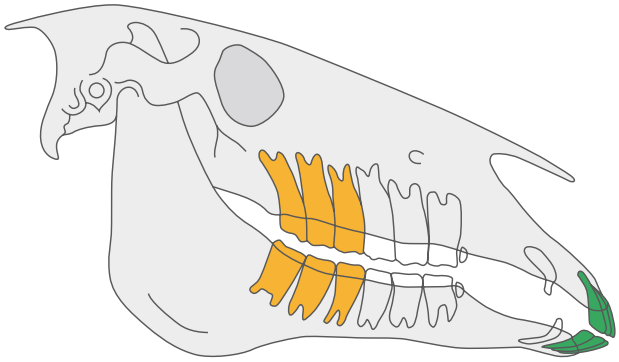


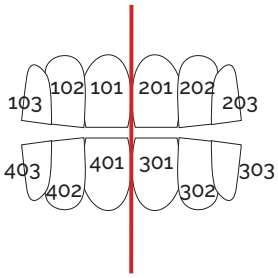
After Dental Work:
NORMAL FLAT STEEP EXCESSIVE

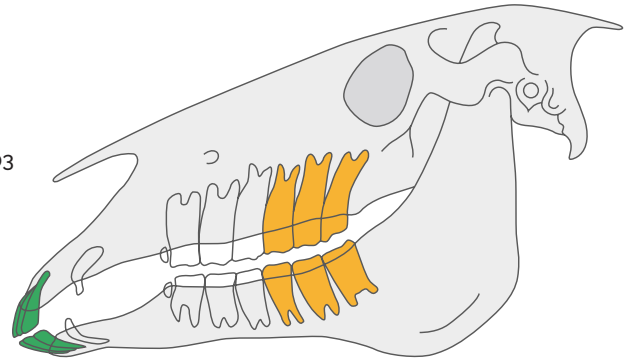


MOLAR TABLE ANGLE

Before Dental Work:
NORMAL FLAT STEEP EXCESSIVE
After Dental Work:
NORMAL FLAT STEEP EXCESSIVE
TMJ Pain Scale: ☐ None ☐ Mild ☐ Moderate ☐ Severe







HISTORY | COMMENTS _____

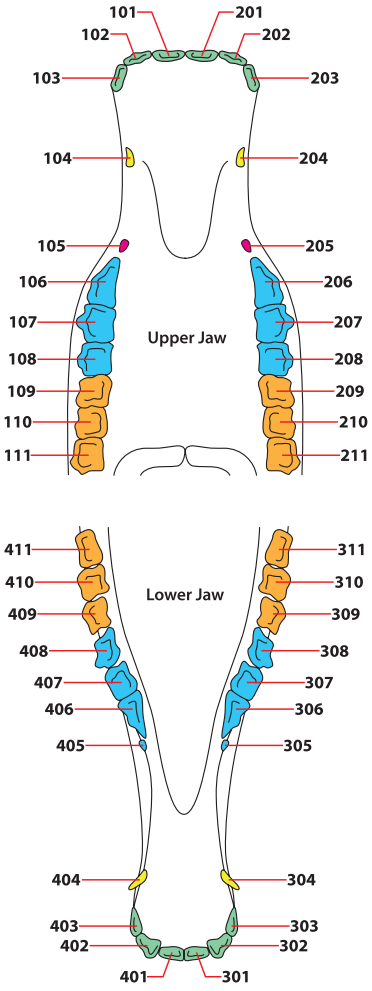
INCISORS		CANINES	WOLF TEETH	PREMOLARS | MOLARS	
☐ Ventral Curvature	☐ Realign	☐ Cut	☐ Extract	☐ Float	☐ Stepped
☐ Dorsal Curvature	☐ Reduction	☐ Buff	☐ Upper	☐ Bitseat	☐ Sharp Points
☐ DGL 3	☐ Angle Change	☐ Remove Tartar	☐ Lower	☐ Reduced	☐ Caps
☐ DGL 4	☐ Extract	☐ Elevate	☐ Anterior	☐ Balance	☐ Cap Fragments
☐ Caps	☐ Missing	☐ Blind	☐ Lingual	☐ Extract	☐ Impacted
☐ Cap Fragments	☐ Other	☐ Fracture	☐ Buccal	☐ ETR	☐ Supernumary
☐ Supernumary		☐ Abnormal	☐ Fragment	☐ Hooks	☐ Expired
☐ Overjet | Overbite		☐ None	☐ Blind	☐ Ramps	☐ Fractured
☐ Underjet | Underbite		☐ Other	☐ Other	☐ Wave	☐ Mobile
☐ Abnormal				☐ Protuberant	
				☐ Periodontitis Stage: 1 2 3 4	
Charge $_____		Charge $_____	Charge $_____	Charge $_____	

☐ X-RAYS TAKEN ☐ PHOTOGRAPHS TOTAL CHARGE $_____

Call Back Date:_____ Reason:_____

Post Dental Instructions: _____

Practioner:_____ Contact Detals:_____



Enamel Point Grade	
ETR's	
Infundibular Caries	
Additional Comments	