Tooth Resorption Questionnaire Form

Today’s Date: ________________

Today’s weight: _____________ kg / lbs

Body Condition Score (out of 9): ______________

Breed/Color: _________________________

Where did you obtain your cat? ________________

What was the approximate age of your cat when he/she was adopted? _______ months / years

At what approximate age was your cat neutered/spayed? __________________________

Do you have other cats in your household? □ No □ Yes If yes, how many? ______

To your knowledge, are any of the cats in your home related? □ No □ Yes

Please estimate the % of your cat’s diet that is: _______ kibble _______ soft food

What diet do you feed your cat? ___________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Has this diet been consistent since you have owned your pet? If not, please describe (generally) your cat’s diet over his/her lifetime. Including what your cat has been fed and whether your cat has received kibble, soft food or a combination:

___________________________________________________________________________

Other medical conditions

Please list any other major medical conditions your cat has:

1. ________________________________ 3. ________________________________
2. ________________________________ 4. ________________________________

Please list any medications your cat is current receiving (not including medications that may be started after the dental procedure):

1. ________________________________ 3. ________________________________
2. ________________________________ 4. ________________________________

On the back, please write other comments of information you would like us to know.

Thank you for participating in this important study!
Tooth Resorption Questionnaire Form

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For DVM’s only:
Please list types of tooth resorption (type 1 vs type 2) noted and tooth affected below. For information on tooth resorption types, please reference https://avdc.org/avdc-nomenclature/

<table>
<thead>
<tr>
<th>Type of resorption</th>
<th>Tooth/teeth affected (Triadan numbering system)</th>
<th>Date first diagnosed</th>
<th>Other notes (chronicity, severity, general thoughts)</th>
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Please note any other oral pathology or diagnoses noted on examination as medical records are available you do not need to be highly specific but please list conditions noted below:

•  __________________________________________________________________________
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Thank you for participating in this important study!
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