



Australian Veterinary Dental Society

Guinea Pig Dental Record

Patient: _____ Owner: _____

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

Chief Complaint: _____

Past Dental History: _____

Existing home dental care: Brushing Oral Rinse Medication None

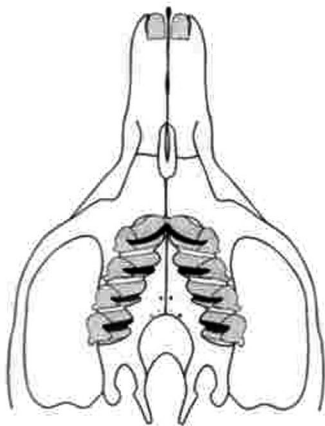
Diet / Oral Habits: _____

Occlusion: _____ Anaesthesia: _____ Temperament: _____

PRE-TREATMENT

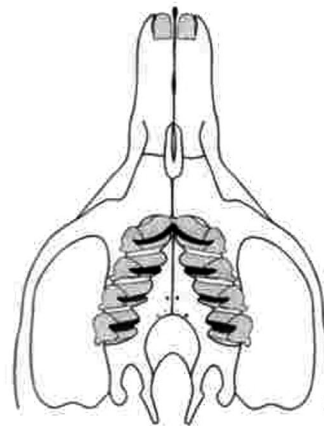
POST-TREATMENT

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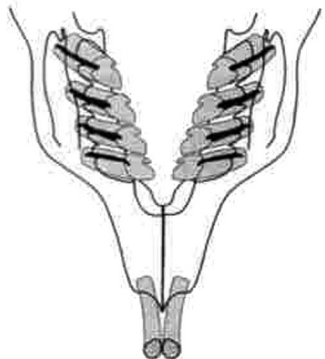
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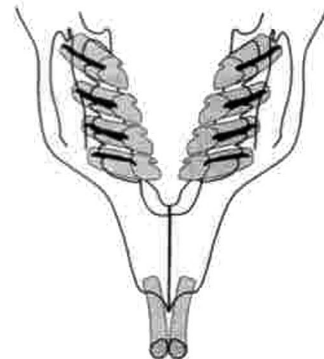
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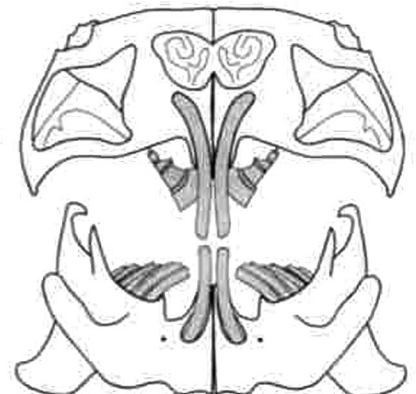
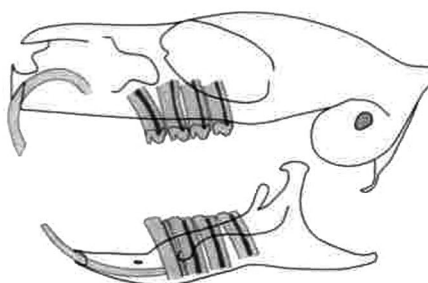
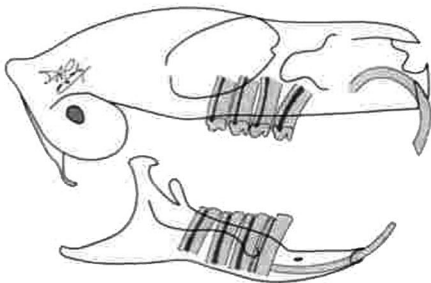


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REMARKS

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