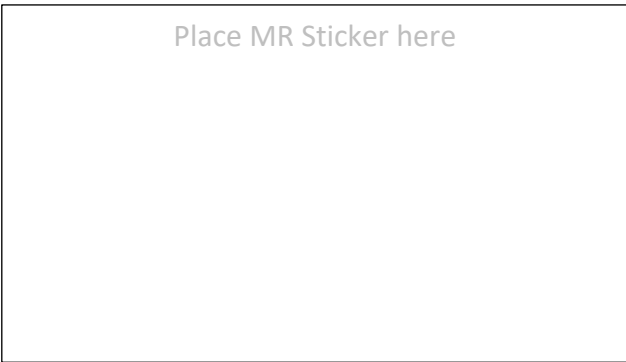


Tooth Resorption Questionnaire Form



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/>:

Type of resorption	Tooth/teeth affected (Triadan numbering system)	Date first diagnosed	Other notes (chronicity, severity, general thoughts)

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:

- _____
- _____
- _____
- _____

Thank you for participating in this important study!

Tooth Resorption Questionnaire Form

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