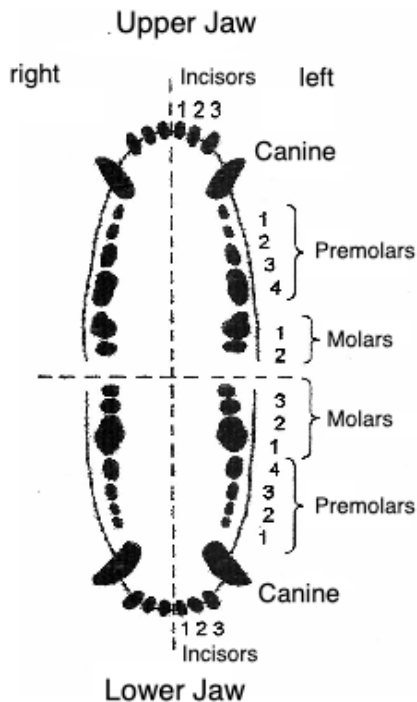


# Canine Dentition Card

Give this card to the veterinarian examining the dog for documentation of the dentition.  
Please do not sedate the dog for this examination.

Dog's full name:
Pedigree No.: Identification No.:
Name of Owner:
Address:
Phone:



the dog's dentition:

- scissors bite (Scheregebiss)
- level bite (Zangengebiss)
- undershot (Vorbiss)
- overshot (Rückbiss)
- overlapping teeth (Kulissenstellung)
- crooked teeth (Zahnschiefstand)
- other .....

Please circle missing teeth.

Please circle and describe any abnormalities.

Number of teeth:

	right					left				
sum upper jaw	M	P	C	I	I	C	P	M	sum upper jaw	
sum lower jaw	M	P	C	I	I	C	P	M	sum lower jaw	

The identity of the dog was checked using the tattoo / chip number.

Place and date:

Stamp, signature of the veterinarian: