

Client Consent

Owner's Name: _____

Owner's Address: _____

Mobile Phone: _____

Animal Name: _____

Breed: _____

Age: _____ Sex: _____

Which of these apply to your horse?(circle)

- Weight Loss - Spills Feed
- Fast Eater - Slow Eater

Bit Resistance? - Left - Right

- Chews Bit - Head tossing

Vaccinations TO BE GIVEN TODAY:

- Tetanus - Strangles - Hendra -

Date: Last Worming: _____

Last Dental: _____

Riding Discipline: _____

Bit type: _____

I(name of owner/agent) authorise Central West Equine to perform oral examination and treatment on the above described horse.

- If the above mentioned is an agent of the owner, I confirm that I have the express authority of the owner to authorise the above procedure.

- The horse is/is not insured. I confirm that the insurance company or its agenthas been informed of the diagnostics.

- I acknowledge that no diagnostic procedure is without some risk to the animal. I accept all potential risks including any complications that may develop as a result of this procedure and accept that such complications may incur additional fees. I acknowledge that I have been made aware of the common potential complications of this procedure.

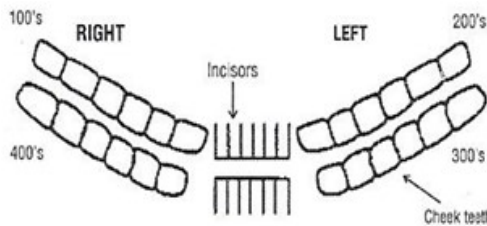
- I undertake to settle all costs incurred in undertaking this treatment including those associated with agistment.

- I acknowledge that the account must be settled in full at the time of treatment. The routine dental fee does not include radiographs, extractions, nerve blocks etc which will incur additional fees

Signed:

Date:

Dental Examination and Treatment



EXTERNAL EXAM FINDINGS

- () Muscle asymmetry () Eyes
 - () Nasal Discharge () Ears
 - () Lymph Nodes () Lumps and Bumps
- Notes _____

ORAL EXAM FINDINGS

- () Lips () Tongue

Excursion of Jaw: () Normal () Abnormal

RCM Movement: () Normal () Abnormal

Front Teeth

- () Abnormal Bite () Periodontal Disease
- () Fractured Teeth () Pulp Exposure
- () Deciduous Teeth

Other : _____

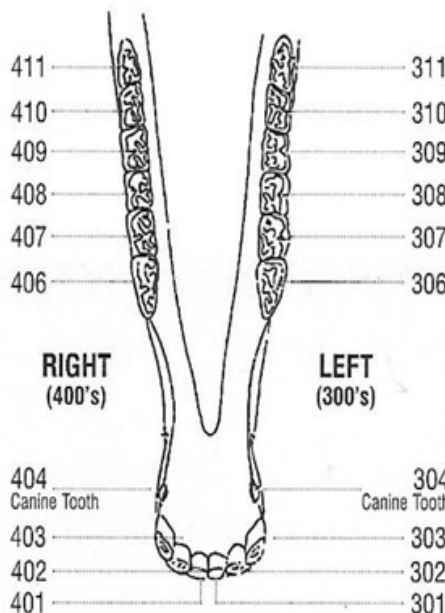
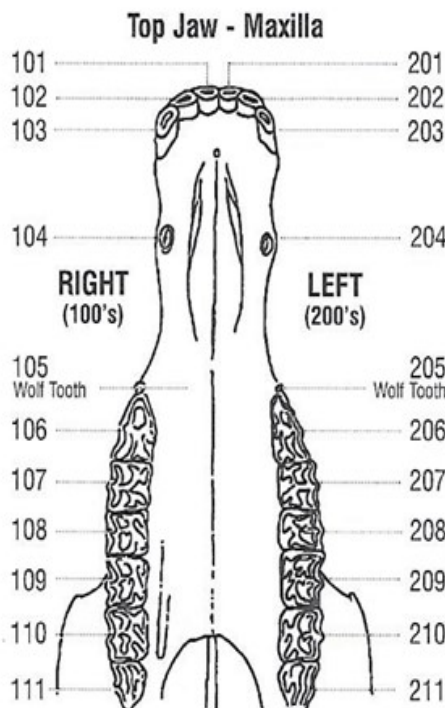
Canine Teeth - Yes () _____

Wolf Teeth - Yes () Extracted? Y () N ()

Cheek Teeth:

- () Sharp points
- () Cheek Ulcers
- () Hooks
- () Ramps
- () Tall teeth
- () Waves
- () Excessive Ridges (ETRs)
- () Periodontal Disease
- () Fractured Teeth
- () Caps

Other Pathology: _____



TREATMENT / PLAN

- () Performance float, balance and bit seat
- () Remove sharp enamel points
- () X-rays () Nerve block
- () Extraction () Pain Relief
- () Antibiotics () Treat periodontal disease

Sedation _____ ml

Other: _____

VET NOTES:

NEXT DENTAL CHECK 3 6 9 12 months