

# PET DENTAL CARE TRACKER

Weekly Oral Hygiene Maintenance

Pet Name: \_\_\_\_\_

Month/Week: \_\_\_\_\_

**DAY OF THE WEEK**

**BRUSHING**

**DENTAL TREAT**

**WATER ADDITIVE**

**Monday**

**Tuesday**

**Wednesday**

**Thursday**

**Friday**

**Saturday**

**Sunday**

Status Signs:  Done  Red Gums  Skipped

Observations (Breath, Gum Color, Loose Teeth):