

Teeth Floating Survey

1) How many Horses do you own?

- a) 0**
- b) 1-3**
- c) 4-6**
- d) 6+**

2) Which of the following reasons would you make an appointment to have you horse's teeth floated? Please mark all that apply:

- a) Decrease or loss of appetite.**
- b) Odd or a change in chewing habits.**
- c) Loss of weight.**
- d) Trouble accepting the bit/performance issues.**

3) Which services do you expect when you make an appointment for teeth floating? Please mark all that apply:

- a) Filing of sharp points.**
- b) Adjusting or balancing of incisor bite (front teeth).**
- c) Adjusting or balancing of premolars and molars (back teeth).**
- d) Removal of baby teeth (caps).**
- e) Removal of wolf teeth.**
- f) Removal of broken or diseased teeth.**
- g) Sedation to perform procedures.**
- h) Pain medicine for painful procedures.**
- i) Antibiotics for infections.**
- j) X-rays to evaluate teeth/roots.**

Date _____ **Name** _____
Email _____