

Feline orofacial pain syndrome

Face and tongue mutilation in Burmese



Phenotype form – attach copy of pedigree

Owner's name _____		Cat's name _____	
Cats's Pedigree Name: _____			
Breed _____			
Date of birth: _____		Colour: _____	Sex: _____
Tom's pedigree name _____			
Queen's pedigree name _____			
Affected relatives? _____			
Vet name/practice (practice stamp) _____			
Date of Sampling - _____		Veterinary Surgeon's Signature _____	

Clinical signs

Age at which signs of oral pain first noted (if kitten please indicate if direct association teething or vaccination)

Spontaneous remission?
Yes No originally but now constant

Recurrent episodes Yes / No
Please indicate dates / age

Any dental disease / mouth lesions

Any identifiable stress

Any triggers for episodes e.g. eating

Diagnostic tests

Drugs tried and success

FAX / EMAIL COPY FORM & PEDIGREE TO CLARE RUSBRIDGE (details below)