

# 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

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

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Spontaneous remission?

Yes  No  originally but now constant

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Recurrent episodes Yes / No  
Please indicate dates / age

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### Any dental disease / mouth lesions

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### Any identifiable stress

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### Any triggers for episodes e.g. eating

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### Diagnostic tests

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### Drugs tried and success

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