

Orangutan dental emergence compilation project - Please fill in completely as indicated below email sheet to: orangjuga1@gmail.com

1. Name of person reporting data: \_\_\_\_\_ and contact email: \_\_\_\_\_

2. Species: *Pongo pygmaeus* (Bornean): \_\_\_\_\_ *Pongo abelii* (Sumatran): \_\_\_\_\_ hybrid: \_\_\_\_\_ unknown: \_\_\_\_\_ 3. Sex: Female \_\_\_\_\_ Male \_\_\_\_\_

4. Date of Birth: (DAY/month/ year): \_\_\_\_\_ 5. ISIS ID #: \_\_\_\_\_ 6. House name (s): \_\_\_\_\_

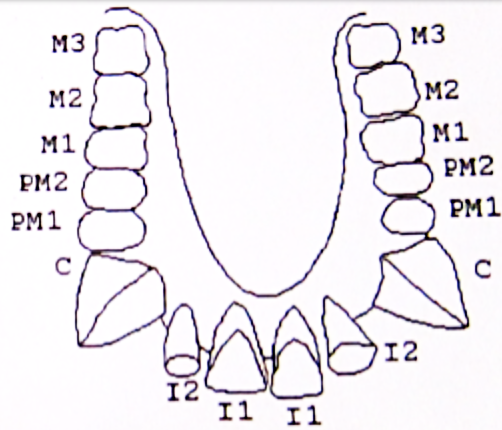
7. Internal id number, chip# and/ or tattoo: \_\_\_\_\_ 8. Zoo: \_\_\_\_\_

9. Emergence: \_\_\_\_\_ or exfoliation (lost): \_\_\_\_\_ 10. Deciduous: \_\_\_\_\_ or Permanent: \_\_\_\_\_ or not sure: \_\_\_\_\_ 11. Maternally \_\_\_\_\_ or hand-raised \_\_\_\_\_ or other \_\_\_\_\_

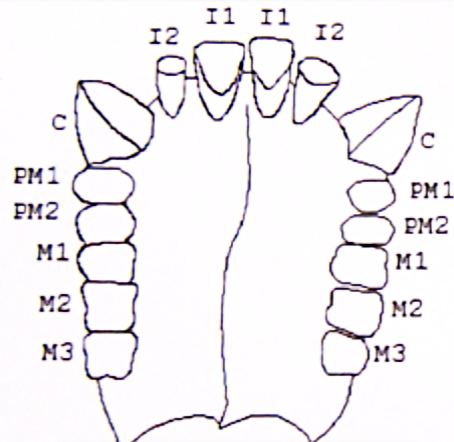
12. Indicate tooth according to chart below (note: RIGHT and LEFT refer to the animal's perspective) and the rating scale (below right): ( Historical records see page two )

A. Tooth \_\_\_\_\_ B. Rating scale \_\_\_\_\_ 13. Date reported: (DAY/month/year) \_\_\_\_\_

Animal's eyes would be here  
Lower Jaw (Mandible)  
LEFT RIGHT



Upper Jaw (Maxilla)  
LEFT RIGHT



Animal's eyes would be here

**Tooth rating scale key:**  
1: tooth breaks the skin  
2: tooth growing  
3: tooth fully emerged  
4: tooth present  
5: tooth missing/lost  
6: Other - please describe

1. Photograph of tooth/teeth available:  
Yes \_\_\_\_\_ No \_\_\_\_\_  
Jpeg attached:  
Yes \_\_\_\_\_ No \_\_\_\_\_

Thank-you for your participation in this Hutan- KOCP, BIAZA and Orangutan SSP supported project!



Orang Juga

email completed forms to : orangjuga1@gmail.com

Notes, Comments, Questions:

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If reporting from historical records please fill in chart below following the tooth chart to label the tooth and the rating scale copied below as much information on the same individual as possible noted on page 1

**Tooth rating scale key:**  
1: tooth breaks the skin   2: tooth growing   3: tooth fully emerged   4: tooth present   5: tooth missing/lost   6: Other - please describe

Tooth	Deciduous	Permanent	Date noted DAY/month/year	Rating scale	Notes