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| *Rachel Jackson**BA (Hons), AdvCertVPhys. PGCE, MIRVAP,**Tellington TTouch Practitioner P3, TTEAM Practitioner P1,**Acupressure Practitioner for Canines,**Applied Zoopharmacognosy Practitioner**Tel: 07809 437967 e-mail:* *wellbalancedanimals@gmail.com* *website:* [*www.wellbalancedanimals-vetphysio.co.uk*](http://www.wellbalancedanimals-vetphysio.co.uk) | *D:\Users\Rachel\Documents\Vet Physio\logo for paperwork (4).png* |

CLIENT QUESTIONNAIRE for CANINE ACUPRESSURE

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| CLIENT’S NAME: |
| CLIENT’S ADDRESS: |
| CONTACT DETAILS:  |
| VETERINARY PRACTICE: |
| DOG’S NAME: BREED: AGE:  |
| GENDER: NEUTERED: Yes/No If yes at what age?  |

PLEASE TELL US THE FOLLOWING ABOUT YOUR DOG:

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| How long have you owned your dog? (eg from puppy or age re-homed)  |
| What are your main concerns about your pet’s health/behaviour? |
| What are their general physical condition and temperament? |
| When did you first recognise there was an issue? |
| What is the possible cause of the issue? |
| Do you have a diagnosis from your veterinarian? Please list and if your dog is receiving any prescribed medication please give full details: |
| If your dog has had an operation or procedure, when was this, what type and how did they recover?  |
| Have you used any other therapies for this issue? (Please give details) |
| Please give your dog’s typical daily routine: |
| What do you feed? How many meals a day? Do you give any supplements? |
| Treats? |
| How often do you walk your dog per day? On average, how long do you walk your dog for? On/off lead? |
| Would you say your dog’s activity levels are:- (Please tick or delete as appropriate)Sedentary Lightly active Moderately active Very active |
| Are you involved in any activities with your dog? eg. nosework, agility, flyball, obedience, do they have a job? |
| Does your dog have a preferred season/weather type? |
| Does your dog live with other dogs? If so please give age and breeds: |
| When was your dog’s last season? Is your dog pregnant?   |
| Please delete as appropriate:Has your dog ever showed signs of aggression, fear or anxiety towards other dogs and/or people? YES / NO Does your dog have any legal conditions held against it? For example, it is required to wear a muzzle at all times. YES / NO Is there anywhere your dog doesn’t like to be touched or is particularly sensitive? YES/ NO Has your dog had diarrhoea, vomited, had a cough or been unwell within the past 14 days? YES / NO Does your dog have any known allergies to food, creams or skin complaints? YES / NO Is there anything else we need to know about your dog which may affect their session? YES / NO If you answered yes to any of these questions, please give us further information so we can ensure your dog is comfortable during their session:  |
| Any other information you feel may be relevant? |
| All the information I provided on this form is accurate to the best of my knowledge: Owner’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date signed: \_\_\_\_\_\_\_\_\_\_\_\_ |

Thank you for taking the time to complete this questionnaire. Please return it via e-mail to the address below. If you forget, please do not worry, but bring it along with you to your appointment. The therapist may want to discuss your dog’s answers in more detail when you attend for your dog’s consultation.

e-mail: wellbalancedanimals@gmail.com