

CLIENT QUESTIONNAIRE

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| CLIENT’S NAME: |
| DOG’S NAME: BREED: 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? |
| How would you like physiotherapy to help your dog? |
| What are your goals for your dog’s future? (Quality of life, comfort, return to a sport?) |
| If the physiotherapist feels it is appropriate to give you home exercises for your pet, please tell me your ability to compete these (please delete or alter as needed)~ I work full time and have little spare time, could do am or pm only~ I work part time or have some time at home each day~ I am at home with my dog all or most of the day |
| How often do you walk your dog per day? On average, how long do you walk your dog for? |
| Is your dog walked on or off the lead? |
| Would you say your dog’s activity levels are:- (Please tick or delete as appropriate)Sedentary Lightly active Moderately active Very active |



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| If your dog has had an operation, what was their previous activity level/exercise?  |
| Are you involved in any activities with your dog? eg. nosework, agility, flyball, obedience |
| 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 physiotherapy 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:  |
| All the information I provided on this form is accurate to the best of my knowledge: Owner’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 assessment.

e-mail: wellbalancedanimals@gmail.com