**Canine pre-treatment form**

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| --- | --- |
| Pet name: |  |
| Client name: |  |
| Address: |  |
| Telephone: |  | Email: |  |

|  |  |
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| Reason for treatment: |  |
| Daily exercise routine:i.e. how long is each walk, on or off lead, fields or pavements etc. |  |
| Home routine:(circle all that apply) | Is the dog allowed up-stairs? Yes / NoDoes the dog jump onto / off any furniture? Yes / NoAre the floors: carpet / laminate / tiles / hardwood Is the dog fed from the floor? Yes / No |
| Is the dog receiving any other complementary therapies? | NoYes – please give details |
| Any other info |  |