**Canine pre-treatment form**

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

|  |  |
| --- | --- |
| 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 / No  Does the dog jump onto / off any furniture? Yes / No  Are the floors: carpet / laminate / tiles / hardwood  Is the dog fed from the floor? Yes / No |
| Is the dog receiving any other complementary therapies? | No  Yes – please give details |
| Any other info |  |