

Owner *

First Name

Last Name

Address *

Street Address

Town

Postal Code

Email *

**Phone
Number ***



Information About Your Dog

Dog Name*

Age (DOB if known)*

Breed(s) *

Sex*

Desexed? *

YES
NO

If yes, at what age?*

Your Vet/Vet clinic*

Is your dog reactive, anxious or nervous? *

This may include towards people, other dogs. If yes please let us know as we can tailor appointments to best suit your dog

Main Presenting Issue *

Previous Medical/Injury History*

Is your dog involved in Dog Sports/Showing, Assistance or other form of work

Where does your dog sleep

Is your dog often alone, or with other dogs

Diet (frequency of meals, Wet/dry food, any constipation or dihorrea)

Current Medications or Supplements*

Does your dog have difficulty with stairs, car trips, other mobility issues

Has your dog's behaviour changed due to the current presenting issue

Is there anything else about your dog that our Osteopath would find useful to know

I understand that the service provided by Head To Tail Osteopathy is the assessment, treatment and rehabilitation of musculoskeletal pain and associated conditions. I am aware that Head To Tail Osteopathy does not diagnose illness or disease and does not prescribe medication. I have informed Head to Tail Osteopathy of all known physical and medical conditions of my dog, as well as any medication administered (including herbal remedies and supplements), and will keep Head to Tail Osteopathy updated on any changes that occur.

Signature

Due to the nature of our business structure of providing Mobile and By Appointment therapy, we require that you call at least 24h in advance if you need to reschedule or cancel an appointment. **Any reschedule or cancellation made less than 24h in advance will incur a fee of \$70.** Late payment fees may apply for invoices that are more than two weeks overdue.

Signature

How did you hear about us?

Please 'Save as PDF' and send completed form via email to Headtotailosteo@gmail.com