



Client initial contact form

Owner Information			
Owner Name:			
Owner Address:			
Owner Contact Tel:			
Veterinary Information			
Vet's name (if known):			
Address of Practice:			
Contact Tel & Email:			
Pet Information			
Name:		Age:	
Breed:		Sex:	
Neutered/Spayed	Y/N	Weight (kgs):	

Privacy Policy: *The personal data I collect about you will include data related to your name, telephone number and address, and the health and history of your animal. This data will be securely stored for up to 7 years, and will only be used by myself for communication with you, and will be used as a record of your animal and any changes that may occur in their health, well-being or performance. You may have access to it, and have the right to ask for it to be destroyed. Should you have a complaint, you have the right to request contact details of the supervising authority/ Association in order to lodge this. Information will only be shared with the animal's veterinarian or other professionals as requested by you.*

I confirm that the information is accurate and that I have read and understood the following two statements:

- I understand that a massage/acupressure/light therapy session for animals with Sarah Gillingwater does not replace veterinary advice or expertise.
- Should my animal become ill or injured any time between informing my vet and the session, I agree to inform both my vet and Sarah Gillingwater.
- I agree to the use of any images/video taken during the session for social media purposes, unless agreed otherwise.

Signature.....

Printed Name.....Date.....



Initial Consultation Questions:

1. What results are you looking for from this treatment?
2. Is there a specific area of concern you'd like me to work on, i.e. back leg instability/foreleg lameness?
3. General temperament of dog?
4. How often are they walked and for how long?
5. What kind of bed do they sleep in, i.e. on our bed/memory foam dog bed/in a crate/etc?
6. Do they have any issue with stairs or entering/exiting the car? Has this changed?
7. Any areas they do not like to be touched?
8. Have they had any recent injuries, please provide details?
9. Have they had any historical injuries that are now healed?
10. Are they currently under veterinary care for any conditions?



11. If there have been spayed/neutered, please confirm date operation took place?

12. Are they on any medications currently?

13. What is their current activity level? Has this changed?

14. Do they have any animal siblings that live with them? If so, what type/age? Do they play/wrestle a lot?

15. Do they wear a collar/harness?

16. Have they had any other treatments, i.e. hydrotherapy/physio/reiki/etc? If yes, what was the treatment and what was the result?

17. Do they go to the groomers/have their nails clipped? How do they react to this?

18. What is their diet and do you give them any supplements?

19. How are they wee'ing/poo'ing? Can they cock their leg, do they scuff afterward, etc? Has this changed? When they shake themselves, is it a full body shake or only the front/back?

20. Is there anything else you feel I should know?