

HOLISTIC HORSE BODYWORKS
INITIAL OBSERVATIONS AND HISTORY



Dog's Name: _____ **Date of First Session:** _____

Authorization for canine body work has been given by the attending veterinarian for this dog.

Signature: _____ **Date:** _____
Owner or authorized caregiver

Name of Owner: _____

Address of Owner: _____
Street/ Apt #

Address of Owner: _____
City/State/Zip

Email address of owner: _____

Phone: Work: _____ **Cell:** _____ **Home:** _____

Primary reason for session: _____

Current medical or dental issues: _____

List previous illnesses, injuries or surgeries and date(s): _____

Breed:	Gender and DOB:
Skin issues or allergies?: If yes please list.	Vaccinations:
Current medications:	Current supplements/herbs:
Nutrition (food and schedule):	Water intake normal?
Veterinarian:	Date and reason for last vet visit:

Exercise/walking schedule:	Biting, aggression, fear, behavioral challenges? If yes, please describe.
Difficulty walking, running, jumping? If yes, please describe.	Previous acupuncture treatment? When?
Previous massage? When?	Previous chiropractic adjustment? When?
Other forms of treatment received? If yes, please list type and date(s).	Other animals in residence? If yes, please list.