



True Nature
SPECIALISED
BodyTalk

OWNER INFORMATION			
First Name:		Surname:	
Phone No:		Cell No:	
Fax No:		E-Mail Address:	
Physical Address:		Postal Address:	
		Referred By:	
ANIMAL'S INFORMATION			
Name:		Species:	
Breed:		Sex:	
Spayed / Neutered?		Age:	
Length of time animal has been with you?			
Veterinarian Care			
Who is your current vet?			
Date of last vet visit?			
Which vaccines is your animal given?			
Frequency - yearly?		Date of last vaccination:	
Type / Brand of Food?			
Current Medications / Supplements (incl. flea / tick / worm treatment & other parasite medicine):			
Exercise Programme: (How is your animal exercised & how often?)			
Animal's Family / Group Make Up			
Please list people in your family:			
Other people your animal frequently socialises with: (Friends, Trainers, Sitters, Grooms etc)			
Other animals in your family:			
NAME	TYPE / BREED	HOW LONG IN THE FAMILY	

Health History:		
Presenting Issues / Concerns (Physical, Emotional, Behavioural, etc)		
1	Intensity: (Scale 1 - 10)	
	How long have these issues been present?	
2	Intensity: (Scale 1 - 10)	
	How long have these issues been present?	
3	Intensity: (Scale 1 - 10)	
	How long have these issues been present?	
Were there any unique circumstances / transitions occurring when the problems first arose?		
Have you tried to resolve these issues through other means? If yes, please explain:		
How would you characterise your animal's:		
Energy Level:		
Appetite:		
Condition & Regularity of Bowel Movements:		
Anxiety / Stress Level:		
Quality / Condition of Skin / Coat:		
What is the typical demeanour of your animal?		
How is your animal with unfamiliar people?		
How is your animal with other animals?		
Any places on the body your animal guards / has sensitivity / does not like touched?		
Anything else you would like me to know?		