

ANIMAL EQUILIBRIUM – Complementary Healthcare for Animals

Client Information /Behavioural /Physical Inventory

General Information: Dog/Cat/Horse (please indicate)

Is your animal a performance animal? (agility /herding /flyball / show dog/cat/ show jumping /pacing /racing etc). Provide details :

Animals Name & Gender	
Age	
Breed	
Physical Description	<i>(If you can send a photo that would be appreciated)</i> Wgt : Desexed Y/N:
Animal's Person Name	
Animal's Person Contact Details	Phone : Email : Address:
How long have you had your Animal	<i>(Please note if your animal was previously from a rescue shelter)</i>
Treating Veterinarian –Name and contact details	
Other treating health care provider – name and contact details	

GENERAL INFORMATION

The environment/routine

1. Please describe the residence in which your animal lives (e.g flat, house, acreage; details of human family; details of other animals that live with your pet; inside /outside pet or both)
2. Where does your animal sleep? Does he/she have their "own space"?
3. What is a typical daily routine for your animal?
4. What is your animals favourite activity /thing /place?
5. Does your animal have any "bad" habits?
6. Is your animal a performance animal - competitive dog sports/horse racing etc ? Provide details
7. If a performance animal please provide details of training regime and plans for next competition trial/race
8. Do you use any chemicals on your animal (flea shampoo; powder etc)

Your pets diet

1. Describe what you feed your animal (include supplements that you may give, or treats used). If your dog has an allergy related problem and this is the reason for seeking assistance , please provide as much detail as possible
2. How long has your animal been on the type of diet described above? Have you made any recent (within the last 6 months) changes to the feeding regime or foods

3. Does your animal have a regular feeding time/routine – please describe
4. Describe what your animal's water intake is like

Your pets physical health

1. Does your animal rest and sleep normally – comment
2. How would you describe your animals energy level and does it go from extremes depending on situations etc – provide details
3. Are your animal's skin, hair, fur healthy and clean? If your animal has an allergy related problem then please be specific about the presentation of the problem.
4. Is urination and defecation normal? –describe
5. Any physical problems /signs /symptoms – provide details is your animal receiving vet attention or any other healthcare intervention for these symptoms?
6. Has your animal received chiropractic, animal physiotherapy treatment previously or currently? Provide details
7. When was your animal last vaccinated and what for? Has your animal had any adverse reactions to vaccines?
8. Does your animal move freely in its gait and movement?
9. How much exercise does your animal receive? Provide details
10. Is there anywhere on your animals body that s/he does not like being touched (ears, tail, etc ?)

Your animal's emotional /mental health

1. Does your animal appear content?
2. How would you describe your animal's general mood? For horses comment on level of fear , dominance , trusting , calmness -triggers to excessive behaviours ?
3. How does your animal relate to people – does this change depending on environments
4. How does your animal relate to other animals – does this change depending on environments?
5. Does your animal appear tense and /or relaxed or go from the two extremes – provide details
6. Does your animal have any fears or anxieties – provide details?
7. Performance animals – does your animal exhibit trial /show stress?
8. Has your animal experienced recent grief?
9. Is your animal like you in its behaviour and reactions?

PRESENTING PROBLEMS – main areas of concern. Please provide as much detail as possible (may have briefly referred to above)

Describe what you see as the current /main problem – physical, behavioural , emotional ?

History of the illness/behavioural problem, when did it first start and what was happening in the animals life? What was happening in your/families life at that time? Has the problem got worse over time, intermittent, got better then worse – details as appropriate?

Is the problem worse under any of the following conditions ?

Heat, cold, daytime , evening , after exercise/exertion , with movement, when touched, after resting , eating , worse on left side or right side of the body, with other animals, with people, with new environments, at night time

(if you animal has an allergy related problem , then please note if irritation or itching is exacerbated after eating)

Have you sought assistance or currently seeking assistance with the problem? Provide details and what was the result? If on any medications or has been on medications please provide details

IF BEHAVIOURAL - What thoughts typically go through your mind when your animal appears ill or behaves in ways that are of concern to you (relating to the problem as stated above)

IF BEHAVIOURAL - How do you typically react to the problem? (if behavioural)

IF BEHAVIOURAL - What control over the animal do you have when the problem occurs (if behavioural) – what control normally?

Any other information that you think may be relevant to physical or behavioural issues ?

What outcome are you looking for?

[As with all complementary therapies the advice and healing given does not replace the services, views and opinions of your veterinarian.](#)

Animal Equilibrium does not dispense veterinary advice, diagnosis or prescriptions. Whenever a person feels that they require veterinary advice, I encourage the person to seek such advice from their veterinarian as soon as practical.

Helen Anderson

Animal Bowen Therapist / Kinesiologist /Animal Reiki Practitioner

*B.AppSc; Grad Dip Hlth Ed; MEd; Diploma Equine Bowen Therapy; Cert 1V Small Animal Bowen Therapy; Cert 1V Kinesiology RKP – NOT Practitioner; Cert Animal Nutrition (NCTM); Animal Reiki Master; Cert Animal Homoeopathy (BIH)Registered Animal Practitioner BTFA (Bowen Therapist Federation of Australia)
Registered Kinesiologist Practitioner RKP AKA (Australian Kinesiology Association)*

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