**Date:**

|  |  |
| --- | --- |
| *Client name:* |  |
| *Client address:* |  |
| *Phone number:* |  |
| *Email address:* |  |

|  |  |
| --- | --- |
| *Dogs Name:* |  |
| *Breed:* |  |
| *Age:* |  |
| *How long have you owned your dog?* |  |
| *If they were a rescue, what is their background?**(please include length in rescue, reason for being there and any other relevant information)* |  |
| *Please describe your dog’s temperament* |  |
| *Please share any health problems (current or past)* |  |
| *Is your dog on any medication?**If yes please state what, dosage and for what reason & how long they have been on it* |  |
| *When was your dog last vaccinated?* |  |
| *Any adverse reactions?* |  |
| *Has your dog been given flea/tick/worm treatment recently?* *If yes please provide what was used and date.* |  |
| *Does your dog have any allergies?**Food/medication/grasses?* |  |
| *What is your dogs diet & any supplements?* |  |
| *How frequently are they fed each day?* |  |

**Home environment**Who shares your home with your dog?

|  |  |  |
| --- | --- | --- |
| Name | Age (if under 18) | Involvement with Dog |
|  |  |  |
|  |  |  |

 Who else interacts with your dog (eg dog walker, groomer, cleaner etc)

|  |  |
| --- | --- |
| Name | Involvement with your dog |
|  |  |
|  |  |

Please list all other pets within your household:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Species / Breed | Age | M/F | Neutered(Y/N) | Date joined household |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| *Please describe the relationship(s) between your pets:* |  |

**Daily Routine**

|  |  |
| --- | --- |
| *How long is your dog typically left alone on a weekday / weekend?*  |  |
| *Do they settle when left alone?*  |  |
| *Where in the house does your dog stay when left alone?* |  |
| *Is your dog attached to any particular person?* |  |

**Behaviour causing concern**

|  |  |
| --- | --- |
| *Please describe the behaviour causing concern. If more than one, please specify in the order of concern you place them in:*  |  |
| *When does this behaviour occur?*  |  |
| *Any recent changes? Home location? Scary Events? Loss/addition of companions (human/Animal)?* |  |
| *When did this behaviour first occur?*  |  |
| *Please describe the first incident:* |  |
| *Are you aware of any change in circumstances or trauma for your dog around this time?*  |  |
| *Has the frequency or severity of this behaviour since increased?*  |  |
| *Please describe the last incidence:*  |  |
| *Does your dog ever display aggression? Please describe:*  |  |
| *How does your dog react to visitors, children and strangers* *-in your home -out on walks* |  |
| *How does your dog react to unfamiliar dogs?*  |  |
| *Please describe scenarios which cause your dog anxiety, i.e. vet visits, traffic, grooming, loud noises, being reprimanded* |  |
| *How does your dog respond when stressed?* |  |
| *Has your vet been consulted about this issue ? If so what was their diagnosis and treatment.* |  |

|  |  |
| --- | --- |
| Any other information on your dog you feel may be useful? |  |

**Important information**

I am not a vet so please do not hesitate to contact your vet if you are worried at any time or the symptoms persist or get worse. All oils and herbal extracts are given on a self-selection basis only. Should your vet wish to discuss any aspect of this therapy, they should contact me.

To maintain professionalism and promote a wider understanding and acceptance of Botanical Self-Healing, I recommend that you inform your Veterinary surgeon that your animal is to be offered plant extracts on a self-selection basis only. It is important to note that oils/extracts used have not been formally drugs tested.

***Please indicate whether you or anyone else that may be offering plant extracts could*** ***be pregnant***. YES/NO?

Please indicate if you are happy for photos or video to be taken during the session to be used in future material to promote the benefits of Botanical Self-Healing YES/NO?

Do not rub eyes after handling essential oils.

It is recommended that they should not be offered at least 10 days prior to any competition participation.

Please sign below if you agree with the following: (or type if completing electronically)

***I understand that the purpose of this consultation is to educate me how best to use Botanical Self-Healing in a safe manner, on my own animals.***

Signed Print Name
Date