



AnimAl AromAtics CONSULTATION FORM

NAME OF OWNER

ADDRESS

POST CODE

TELEPHONE

MOBILE

E-MAIL

FAX

VETERINARY PRACTICE

ADDRESS OF PRACTICE

POST CODE

TELEPHONE

FAX

WEB SITE

E-MAIL

SPECIFIC VET?

ANIMAL'S NAME

D.O.B

BREED

COLOUR

PEDIGREE NAME -

MALE/FEMALE

NEUTERED/SPAYED

WHAT AGE WHEN SPAYED/NEUTERED?

IF FEMALE ARE HER SEASONS REGULAR/NORMAL?

HAS SHE BEEN BRED FROM?

IF YES, HOW MANY YOUNG HAS SHE HAD?

HOW WAS THE BIRTH?

WHAT AGE WERE HER YOUNG ONES WEANED?

WHAT AGE WERE THEY REHOMED?



ANIMAL AROMATICS CONSULTATION FORM (CONTINUED)

WHAT AGE WAS THE ANIMAL OBTAINED AT?

WHERE FROM (ie breeder, rescue)?

ARE THERE ANY OTHER ANIMALS IN THE HOUSE?

WHAT RANK DOES THIS ANIMAL HOLD?

ARE THEY CONTENT WITH THIS?

WHAT JOB DOES THE ANIMAL HAVE?(ie pet, agility, showing)

WHAT IS THE ANIMAL FED ON?

HOW MANY TIMES PER DAY?

WHAT TIT-BITS IS THE ANIMAL FED?

DOES THE ANIMAL GET ANY SUPPLEMENTS IN ITS FOOD?

HOW MUCH EXERCISE DOES THE ANIMAL HAVE PER DAY?

WHAT TYPE OF EXERCISE IS THIS?

HOW MANY INDIVIDUAL PLAY SESSIONS DOES YOUR ANIMAL HAVE PER WEEK?

WHAT TYPE OF PLAY IS THIS? (ie throwing a ball, tug of war, chase etc)

DO YOU DO ANY FORMAL TRAINING WITH THIS ANIMAL?

WHAT IS THE ANIMAL'S DAILY ROUTINE?

HOW WOULD YOU CLASSIFY YOUR ANIMALS FITNESS LEVEL?

POOR

REASONABLE

GOOD

EXCELLENT



ANIMAL AROMATICS CONSULTATION FORM (CONTINUED)

BRIEF MEDICAL HISTORY

DOES YOUR ANIMAL HAVE ANY ALLERGIES?

IS YOUR ANIMAL ON ANY MEDICATION?

VACCINATION HISTORY?

WHAT IS THE ANIMALS GENERAL TEMPERAMENT LIKE? (include likes and dislikes)

HAS YOUR ANIMAL EXPERIENCED ANY OTHER HOLISTIC THERAPIES? (if yes, please give details)

DOES YOUR ANIMAL HAVE ANY ISSUES WITH BEING APPROACHED BY STRANGERS? (if yes, please give details)

DOES YOUR ANIMAL HAVE ANY ISSUES WITH BEING TOUCHED/HANDLED BY A STRANGER?(if yes, please give details)

IS THERE ANY OTHER INFORMATION WHICH YOU THINK I SHOULD KNOW ABOUT YOUR ANIMAL?



ANIMAL AROMATICS CONSULTATION FORM (CONTINUED)

GIVE A BRIEF DESCRIPTION OF THE ILLNESS OR BEHAVIOUR TO BE ADDRESSED IN THIS CONSULTATION

DATE OF FIRST SYMPTOMS?

HAS A VET SEEN THE ANIMAL FOR THIS CONDITION?

IF YES, WHAT WAS THEIR DIAGNOSIS?

WHERE DID YOU HEAR ABOUT THIS SERVICE?

Please indicate whether you, or anyone else that may be involved with the aromatics could be pregnant, breast-feeding, has a history of high blood pressure, epilepsy, or is taking anti-coagulant drugs?

To maintain professionalism and promote a wider understanding and acceptance of Aromatics, I strongly recommend that you inform you Veterinary Surgeon that your animal is to be offered Aromatics on a self-selection basis only. Should they wish to discuss any aspect of this therapy, they should contact me. I understand that the purpose of this consultation is for Philippa Short to educate me how best to use Animal Aromatics, and The Ingraham Method in a safe manner, on my own animals.

Signed

Date

Owner/Guardian of the animal

Print Name



IS THERE ANY OTHER INFORMATION OR HISTORY YOU CAN
GIVE ME ABOUT YOUR ANIMAL?