



Date _____

Animal History

Pet's Name _____

How long have you had your pet? _____

From where did you get your pet? _____

What is your pet's history? _____

Animal Details

What do you love most about your pet? _____

How would you describe your relationship with your pet? _____

What is your pet's daily routine? _____

Please choose the personality traits which best describe your pet.

Eager to please Friendly Confident Outgoing Adaptable Independent

Temperamental Nervous Shy Afraid of strangers Lethargic Insecure Hyperactive

Other _____

Animal Behavior

Please choose any appropriate areas of your animal's behavior that you would like to discuss with Julie Klein. Some behavior concerns are linked to underlying medical problems. If you have noted a sudden change in your pet's behavior, then please consult your vet before arranging a TTouch session.

Excessive Barking Biting Chewing Licking Scratching Grooming Digging

Jumping up Pulling on leash Running away Growling Hissing Aggressive

Other _____

Fears

Loud noises Water Veterinarian Nail clipping Being touched New environment

Other _____

When do you experience the behavior you'd like to address? _____

What do you think might be the triggers for the behavior? _____

Animal Health

TTouch can be beneficial to animals with a variety of health concerns, in conjunction with appropriate veterinary care. It works well with other modalities, such as acupuncture, physiotherapy, hydrotherapy and so on. It is also of benefit to aging animals, for animals that have had surgery, and those that have lost one of more of the senses such as sight or hearing.

Please give details of any health issues or concerns _____

I have supplied the required information to the best of my ability.

Signature _____ Date _____