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## Canine Physical History

Owner's Name:	_____	Date	_____	
	Last	First		
Address:	_____			
	Street/Mailing Address	City	State Zip Code	
Cell Phone:	_____	Other Phone:	_____	
Email:	_____			
Dog's Name:	_____	Breed	_____	
		Age	_____	
Male / Female / Spayed / Neutered	DOB:	_____	Weight	_____
Rabies Vaccine Date:	_____	Other Vaccine(s) & Date(s):	_____	
Has your dog bitten a human? Yes/No	Another Dog? Yes/No			
Explain Yes Answers:	_____			
How did you find out about me?	_____			

Current medications: \_\_\_\_\_

Current supplements: \_\_\_\_\_

Current vitamins: \_\_\_\_\_

Current Over-the-counter medicines: \_\_\_\_\_

Current diet: \_\_\_\_\_

Known or suspected allergies/dietary restrictions: \_\_\_\_\_

On-going/current medical conditions (please circle and explain all that apply):

Diabetes High Blood Pressure Arthritis (where): \_\_\_\_\_

Back/neck pain Cancer (where): \_\_\_\_\_

Decreased hearing Vision Loss Heart disease Hypothyroidism Cushing's

Other: \_\_\_\_\_

Surgeries: Please give dates and hospital that performed the surgeries:

## Canine Physical History (cont.)

Recent injury (describe): \_\_\_\_\_

Date of injury: \_\_\_\_\_ What healthcare professional was seen? \_\_\_\_\_

Do you think your dog is in pain? Yes / No

Is your dog under the *direct care* of a veterinarian for any condition? Yes / No

Your dog's current canine job: \_\_\_\_\_

Your occupation: \_\_\_\_\_

Family veterinarian: \_\_\_\_\_ at \_\_\_\_\_ Veterinary Hospital.

Other healthcare professionals involved in your dog's care:

What are your primary goals for your dog?

Describe your own dog training and handling experience:

Do *you* personally have any limitations that you want me to be aware of?

Please consider the following categories and explain as they apply to your dog.

**Sleep:** Is your dog sleeping through the night? Yes / No

**Movement:**

Does your dog get up, turn around, lie down, and repeat often? Yes / No

Does your dog bow a lot? Yes / No

Does your dog yawn a lot? Yes / No

**Appetite.** Has your dog recently shown changes in his/her appetite? Yes / No

**Water consumption.** Has your dog recently increased the amount of water s/he drinks? Yes / No

**Urination.** Is your dog urinating more than usual or having accidents? Yes / No

**Weight.** Has your dog unintentionally gained or lost weight recently? Yes / No

**Exercise.** Please describe the kind of exercise your dog gets each day: the distance or time spent in exercise, the type of exercise, etc.

## Canine Physical History (cont.)

**Canine exercise equipment.** Please list the kinds of canine exercise equipment you have at home:

**Mental games.** Please describe the mental games you engage in with your dog:

**Manners/training.** Please list the cues your dog already knows (i.e., sit, down, stand, back, hand target with nose, etc.):

**Sports.** Please list the competitive sports your dog is involved in (i.e., agility, IPO, barn hunt, nose work, etc.):

**General behavior.** Please note any problems or changes you've noticed in the way that your dog moves:

- Sit
- Stand
- Lie down
- Transitions from a sit to a stand
- Transitions from a down to a stand
- Climbs up or goes down stairs
- Gets in or out of the car

Does your dog move better or worse after activity? Better / Worse / Neither

Does your dog move better or worse after rest? Better / Worse / Neither

Have you noticed any tripping or balance issues? Yes / No

Do you hear scuffing of your dog's nails when s/he walks? Yes / No