

Bowen Bodywork Small Animal Intake Form

owners name: _____

phone (h) _____ (w) _____ (cell) _____

email address _____ emergency contact phone _____

mailing address _____ zip _____

pet's name _____ sex _____ age _____

breed _____ color _____

activities _____

reason for treatment _____

safety concerns (past behaviors / reactions to handlers or situations) _____

Check all that apply:

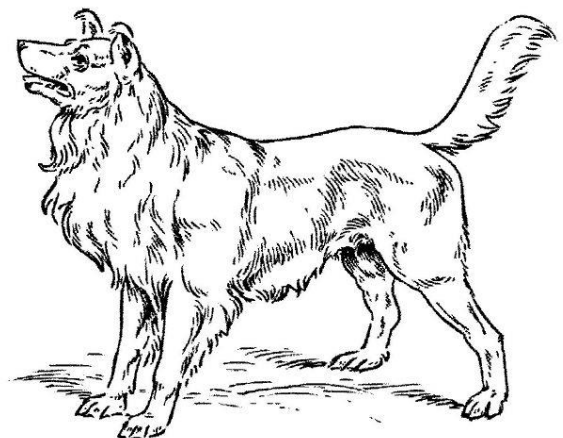
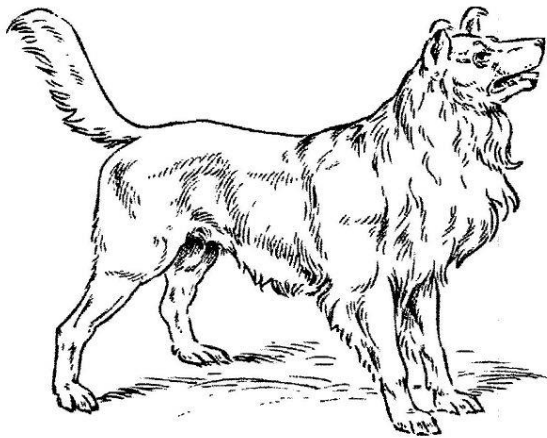
- | | | |
|---|--|--|
| <input type="checkbox"/> edema, general | <input type="checkbox"/> pain, other: location _____ | |
| <input type="checkbox"/> abdominal / digestive problems | <input type="checkbox"/> elbow issues _____ | |
| <input type="checkbox"/> allergies | <input type="checkbox"/> energy problem | <input type="checkbox"/> patella issue |
| <input type="checkbox"/> arthritis: location: _____ | <input type="checkbox"/> fracture | <input type="checkbox"/> pelvic pain |
| <input type="checkbox"/> back pain: location _____ | <input type="checkbox"/> heating pad / ice pack usage | <input type="checkbox"/> pregnancy: how many _____ |
| <input type="checkbox"/> bone spurs | <input type="checkbox"/> heating / cooling salve usage | <input type="checkbox"/> rib pain |
| <input type="checkbox"/> cancer | <input type="checkbox"/> heart problem | <input type="checkbox"/> sacral pain |
| <input type="checkbox"/> constipation | <input type="checkbox"/> hip pain | <input type="checkbox"/> shin splints |
| <input type="checkbox"/> diarrhea | <input type="checkbox"/> jaw / TMJ problems | <input type="checkbox"/> shoulder problem |
| <input type="checkbox"/> ear or eye problems | <input type="checkbox"/> knee problem | <input type="checkbox"/> other: _____ |
| | <input type="checkbox"/> lung problem | _____ |
| | <input type="checkbox"/> magnet usage | _____ |

Describe your pet's **condition(s)**, including length of time experienced.

List all accidents, injuries, surgeries, and falls that might be relevant in any way, including **dates** of occurrence:

activities compromised by condition(s) _____

Shade in the site(s) of pain on the drawing, and rate the severity of each pain on the scale of 1 – 10:



pain intensity scale:

2- mid pain (annoying, nagging)

4 – discomforting (troublesome, numbing)

6 – distressing (miserable, agonizing, gnawing)

8 – intense (cramping, dreadful, horrible)

10 – excruciating (tearing, crushing unbearable)

current medications / supplements (it is sufficient to state the purpose, such as pain management, anti-allergy)

recent hands-on modality received _____

I have stated, to the best of my knowledge, any known medical conditions.

I understand that Bowen bodywork is not a replacement for veterinary care.

I also understand that Bowen bodywork practitioners cannot diagnose or treat any illness, or prescribe medication or supplements for my small animal. In addition, Bowen bodywork practitioners cannot attempt any adjustments / musculoskeletal manipulations, nor treat specific physical or mental disorders.

If my small animal is currently being seen by a veterinarian, I have cleared this work with the attending veterinarian to ensure Bowen bodywork is at this time appropriate for my small animal.

I understand that Bowen bodywork is given for the purpose of stress reduction, relief from muscular tension and/or spasm, facilitation of circulation and energy flow, and relief from stiffness.

I will inform my Bowen practitioner of any changes in my small animal's condition, and will contact my Bowen practitioner should I have any concerns.

signature _____ date _____