

Inhand Equine Therapy



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Date: _____

SUBJECTIVE FORM

CLIENT INFORMATION

Client Name:

Email:

Address:

City:

Postal Code:

Phone:

Mobile:

ANIMAL INFORMATION

Dog Name:

Phone:

Breed:

Sex:

Age:

Color:

Height:

Weight:

Veterinarian:

Phone:

100 194053 Site 5 RR8
Vina@inhandequinetherapy.com
www.inhandequinetherapy.com
(403) 819-1691

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Last Visit:

Work Done:

Dog's Behavior:

Trainer:

Phone:

Work Done:

Dog's Behavior:

Any Training Issues:

Last Training Session:

Level competing at:

Discipline:

Work Load:

Has your training program changed lately?

Does your dog like to work?

Planned Completion Level:

How long have you owned this dog:

Any known history (Behavioral and/or Physical):

Has your dog been evaluated by your veterinarian?

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Results of evaluation:

Modalities used by veterinarian:
Is your dog on any medications?

If so, how long has he/she taken them:
Does your veterinarian recommend staying on them?

Has your dog had surgery?
Any scars (other than surgical):

Does your veterinarian know you have chosen sports therapy for your dog?
Have you tried an alternative therapy before?

If so, what modality:

Rate your dog's general health:

Chief complaint:

Physical:

Emotional:

Are symptoms:

Constant

Intermittent

Onset (sudden or gradual)

More noticeable under saddle (with rider or without rider)

More noticeable on different footings

More or less than at onset:

Have you dealt with this problem before?

If so, for how long or how long ago:

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What has owner done to relieve symptoms:

What were the results:

Does your dog have an ongoing issue that you would like to see improvement in?

Does your dog have edema anywhere

Any consistent stiffness?

What is your dog's stress level:

What environment does your dog currently live in?

Does your dog like his/her environment?

What are the social dynamics in the environment your dog lives in?

Has your dog's environment changed lately?

Companions:

Feed:

Rate the footing your dog works on:

What is your dog's feeding program?

Feeds (include amounts):

Supplements:

Times:

What is your dog's vaccination schedule:

Has your dog had any reactions to vaccinations?

What is your dog's worming schedule?

Has your dog had any reactions to worming?

What is your dog's digestion like?

Normal stools and urine?

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Normal weight?

What is your dog's immune system like?

What is your dog's respiratory system like?

Females – is she pregnant?

How are her cycles:
Has she had a baby?

Does your dog have any vices?

Is your dog ok to be touched all over?

If not where does he/she have an issue?

Is your dog ok with new people?