

Your name:

Your pet's name:..:

Age:

Breed:

Spayed/Neutered? :

Living with you for how long?:

Comes from breeder / shelter / other:

Any other animals at home?:

How many other people are part of your household? adults, teenagers, children?

In what situation or for what reason would you like help through TTouch?

	Yes	No
What do you love the most about your pet?		
How would you describe your relationship with your pet?		
Has there been any changes in your animal's behaviour ?	<input type="checkbox"/>	<input type="checkbox"/>
How long ago did these changes start?		
Describe the changes in behaviour/actions in as much details as you can		
Have you had professional help? If so, please describe briefly as well as how it helped.	<input type="checkbox"/>	<input type="checkbox"/>

Has there been any changes in your animal's health ?	<input type="checkbox"/>	<input type="checkbox"/>
How long ago did these changes start?		
Describe these changes in as much details as you can		
Have you consulted a veterinary?	<input type="checkbox"/>	<input type="checkbox"/>
If so, please describe any procedures/protocoles done in the last year or currently.		
Is your animal under any kind of medication - or has it stopped medication recently?	<input type="checkbox"/>	<input type="checkbox"/>
Describe		
Is it the first time that you take a course with your pet?	<input type="checkbox"/>	<input type="checkbox"/>
Is your pet able to relax in a crate or a pen when away from home?	<input type="checkbox"/>	<input type="checkbox"/>
Is it possible for your dog to be around dogs that he/she does not know?	<input type="checkbox"/>	<input type="checkbox"/>
Can you describe how your dog interacts / acts when meeting new dogs?		
Is it possible for your dog to be around people that he/she does not know?	<input type="checkbox"/>	<input type="checkbox"/>
Can you describe how your dog interacts / acts when meeting new people?		
Would you like to add anything else?		