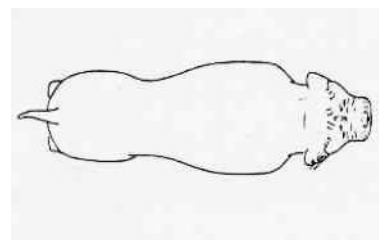
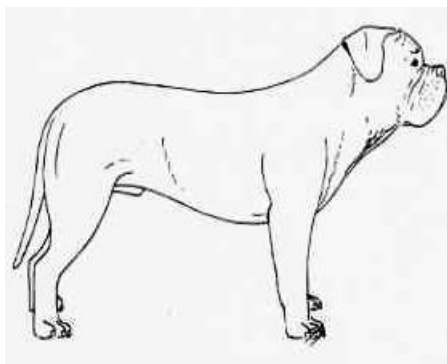
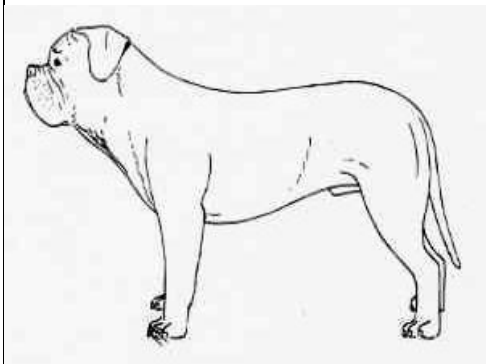


## Canine Physiotherapy Report – Kent Animal Physio

Name		Treatment Date		Last Treatment Date	
Client Address / Phone Number					
Animal Name		Age		Breed	
Sex	M	F	Neutered	Y	N
Colour		Vaccinated?		Yes	No
Vet Referral?		Yes	No	Vet Name	
Practice		Weight		B/C score	/9
Allergies		Contraindications (Cancer / Pacemaker / Breeding animal / Diarrhoea / Skin / Aggression / Touch avoidance)			
Lifestyle (Exercise / Activities / Feed / Treats / Supplements / Other therapies / Pull on lead / Harness type and use)					
Home (Other pets – play or aggression / Flooring / Bed / Sofa / Stairs / Raised feed / Garden / Visitors / Children)					
Vet Diagnosis and Vet History (Current meds / Operations)					
Neuro Deficit Paper Slide			LF	RF	LH
Neuro Deficit Knuckling			LF	RF	LH
Client Observations / Dog's history / Reason for Visit (Inc behavioural change)					
Movement Observation					
Treatment Used					
Exercise Prescription					
Follow Up Date		Physio Signature		Client Signature	
		Joanna Stephens			

Illustration



SAMPLE