

# 11 Principles Pty Ltd

Clinic: 18 Norseman Street, East Victoria Park, WA 6101 ☎ 0439 939 508

Postal Address: PO Box 1232, East Victoria Park, WA 6981

## ANIMAL INFORMATION RECORD for SkaSys Assessment via Surrogate

### Companion Pet/Working Animal's Details:

Name:			
Type of animal (inc. breed if known)			
Sex: <input type="checkbox"/> Male	<input type="checkbox"/> Female	Age:	Date of Birth:
Sterilised: neutered or spayed <input type="checkbox"/> Yes <input type="checkbox"/> No			

### Owners Details:

Family Name:
First Name:

Street Address:		
Suburb:	State:	Post Code:
Home Phone:	Mobile:	
Email:		

Postal Address:		
Suburb:	State:	Post Code:

### HEALTH AND WELL-BEING PRIORITIES

In your opinion, what are your most important concerns regarding your animal? What needs to be improved? What changes would you like to see in their life? What is out of balance? Consider the physical and behavioural aspects.

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2. ....
3. ....
4. ....
5. ....

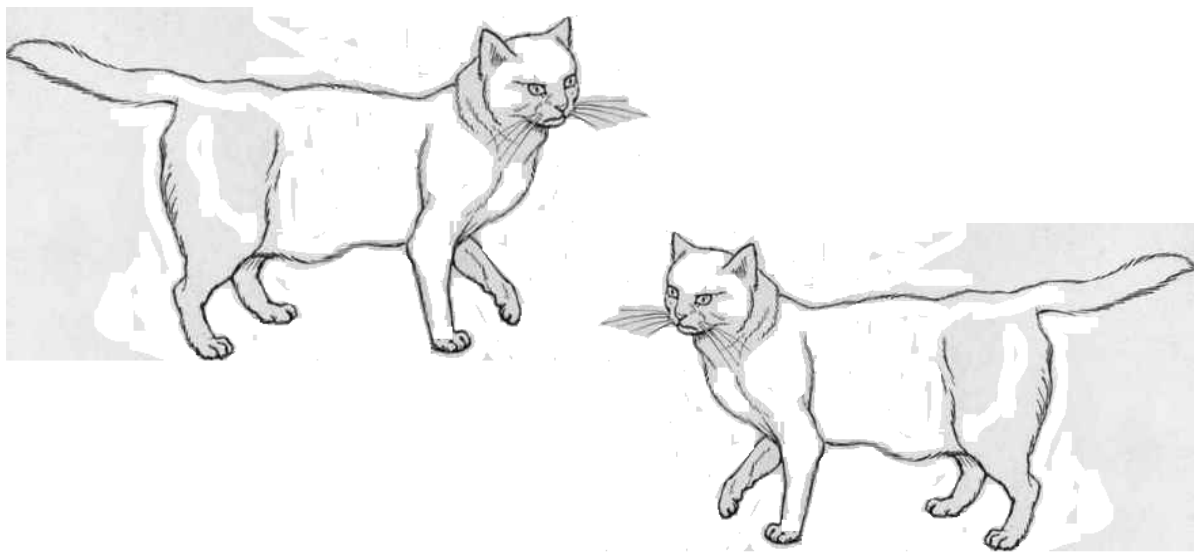
Please list any **past or present illnesses** including frequent minor ones (e.g. allergies)

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Please list any **surgeries and operations** and **accidents** (e.g. broken bones, scars)

.....	Year	.....
.....	Year	.....
.....	Year	.....
.....	Year	.....
.....	Year	.....

Please provide a brief description e.g. itchy patch; and where it occurs with an arrow, a cross or shading. You may like to include any scars, skin redness, painful spots, lumps etc.



For females: Please list any **pregnancies** (any complications?) and births including number of live/stillborn

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Please list any suspected **allergies** to food, chemicals, plants, animals and medicines etc

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Does your animal receive regular veterinary visits?  Yes  No

De-worming?  Yes  No      Vaccinations?  Yes  No

Please indicate the animal's usual **diet** including any treats and how may/how often – include brand name where possible

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Please list any **natural remedies, supplements, vitamins and minerals** being given

Brand name	Name and Strength	Dosage
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.....	.....	.....
.....	.....	.....
.....	.....	.....

Please list any **medications** currently being given e.g. worming/parasite medication

e.g. <i>Previcox</i>	<i>for joint pain/arthritis</i>	<i>one at night</i>
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Please provide any other information you think would be of help in finding any underlying causes and identifying treatment for your animal. Include any other specific things you would like to have investigated - e.g. emotional problems - being afraid of the dark, loud noises.

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Office Use only

Date:	ID code: