



**Essential Oil Therapy  
For  
Animals**

**[www.animolls.co.uk](http://www.animolls.co.uk)**

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### Essential Oil Therapy Consultation Form

<b>Date:</b>	<b>Species:</b>
<b>Name of Animal:</b>	<b>Height:</b>
<b>Breed:</b>	<b>Gender:</b>
<b>Age:</b>	<b>Colour:</b>
<b>Name and address of Owner:</b>	
<b>Telephone number:</b>	
<b>e.mail:</b>	

<b>Temperament:</b>
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<b>Case Veterinary surgeon and address of Veterinary practice:</b>
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### Details of condition

<b>Date of first symptoms:</b>
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<b>Details of symptoms and general demeanour:</b>
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<b>Possible causes:</b>
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<b>Has the animal had this condition before? Please give details:</b>
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<b>Veterinary diagnosis (if applicable):</b>
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<b>Infectious or non-infectious:</b>
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**Results of blood tests** (if applicable):

**Veterinary treatment and present medication if applicable** (please finish course of any prescribed drugs before commencing Essential Oil Therapy):

## **Health History**

**Details of any previous trauma, accident or illness:**

**Any known allergies:**

**Previous respiratory problems:**

**Digestive problems:**

**Regularity of bowel movements and consistency:**

**Water consumption:**

**Weight:** Normal: Underweight: Overweight:

**Condition of skin/coat/nails/hoof:**

**Teeth/gum condition:**

**Stereotypical behaviour or habits:**

## General information and management details

**Known background:** (where bought from, how long owned, general history etc):

**Socialisation? Hierarchical position** (if applicable):

**Details of exercise/turnout/daily walks:**

**Fitness level:**

**Energy level:**

**If horse is it stabled, what type of bedding is it on** (paper, shavings, straw, rubber matting etc):

**If dog, where does he/she sleep** (owners bed, kennel, own bed in kitchen etc):

**Present feed including any treats and supplements:**

**Appetite:**

**Any other complementary therapy the animal has received and date of last treatment** (eg. physiotherapy, acupuncture, homeopathy etc):

**If horse, date of last back check:** (Please give details of practitioner, result and any treatment given):

**Is the animal wormed?** Please give date of last treatment, product used and results of any faecal egg count:

**Is the animal vaccinated and against what diseases:**

**Date of last dental check:**

**Other routine treatments eg fleas:**

**Date of last saddle check:** (Please give details of saddler and any recommendations made):

**Shod or barefoot and shoeing/trimming interval:**

**Any other relevant information:**

**IMPORTANT**

**Please indicate for safety purposes if you or any other person who will be offering the oils or the animal itself is pregnant or breast feeding or has a history of high blood pressure or is on anti-coagulant drugs.**

**I confirm that the above named vet is aware that I will be using Essential Oil Therapy on the animal named on this form. I understand that the purpose of this consultation is for Pauhla Whitaker to educate me how to use Essential Oils in a safe manner after an assessment using kinesiology and only on my own animals and that if I am in any doubt as to the health of my animal I will consult my vet in the first instance.**

**Signed..... Print name.....**

**Date:.....**