

Veterinary Referral Form

The Bowen Technique

The Bowen Technique is a gentle, non-invasive, light-touch, holistic therapy that promotes healing, pain relief and general body rebalancing. It aims to support and boost the natural healing capabilities of the body. It was brought to this country from Australia in 1993 as a complimentary human therapy.

Bowen Technique is regarded as a manipulative therapy covered by the Veterinary Surgery (Exemptions) order 1962 of the 1966 Veterinary Surgeons Act, allowing non-veterinarians to work on the animal, on referral of the dog's veterinarian. We would emphasise that we use Bowen as a complementary therapy ie; in conjunction with, not as an alternative to, proper veterinary care and insist that owners have their dog thoroughly checked over beforehand by their vet. Under no circumstances do we prescribe or alter any medication.

Therapy isn't forced on the dogs - indeed an important part of Canine Bowen is recognising and respecting when the dog indicates it has received what it needs - and if it wishes to walk away, then it is allowed to do so.

Please ask your vet to sign the referral form below and bring it along to the first treatment session. If your vet requires further information about Canine Bowen Technique then please ask them to contact me on the above telephone number.

Veterinary Referral Form

.....
.....
.....
.....

Veterinary Practice Details/Office Stamp

I have examined the following dog within the last 6 months, and can confirm that it is suitable to be given treatment using the Canine Bowen Technique :-

Owner's Name:

Address:

.....

Dog's Name: Breed: Age.....

Summary of Medical History:

.....

.....

.....

Medication Details

Name of Veterinary Surgeon

Signed.....

Date

Canine Bowen Consultation Form

Jane Thomas EGCBT

Date.....

<http://www.totallybowen.co.uk>

First Name:
Last Name:
Email:
Address 1:
Address 2:
Town /City:
Post Code:
Country:
Phone Number:
Mobile Number:
<u>Vet's Name:</u>
Address 1:
Address 2:
Town / City:
Post Code:
Phone Number:

I have consulted and gained permission from my veterinary surgeon for Canine Bowen Therapy to be carried out on my dog.

Signature.....Date.....

Canine Bowen Consultation Form

Dog Name:
Breed / Type:
Sex:
Age:

Neutered:	Date diagnosed:
Had Puppies: Complications:	Date Whelped:
Does the dog have diabetes:	Date diagnosed:
Does the dog have a history of fitting / epilepsy: Frequency & duration of fits: Details:	Date diagnosed:
Medical Conditions & Diseases:	Date diagnosed:
Lumps Bumps & Tender Spots:	
Surgery / Injuries Details:	Date diagnosed:

Canine Bowen Consultation Form

Has the dog received or currently receiving any other therapies?

What are your expectations for the dog and of the treatment?

Presenting symptoms in your own words:

How long has dog been in this family?

Dogs homing history

Do any other dogs visit?

How does your dog react?

Dog's relationship with other pets?

Family members (babies/children)

When people come to the house, describe your dog's behavior?

Canine Bowen Consultation Form

Is your dog happy in the car?
Any other comments?

Exercise Routine:
Frequency:
Duration:
Dogs Behavior:

In company:
Lead Type:

Is your dog a Working dog or Competition dog?

Does the dog like being groomed / stroked?

What do you feed your dog:
Times per day:
Treat's & Tidbits:
Additives / Supplements:

Water Intake? Too Little / Average / A lot?

Please comment:

Where does the dog sleep:

Has this changed:

Do you like your dog:

Does your dog like you: