



## 2. Dog's Information

Please provide as much information about your dog as possible. Complete a separate sheet for each dog being treated. Thank you.

### Dog's details

Dog's name:

Male/ Female:

Age (Years & months):

Desexed:   Yes ☐      No ☐

Breed:

Microchipped: Yes ☐      No ☐

Years with current owner:

Type of training/ walking restraint used:

General exercise routine (e.g. how long, how often, type of exercise):

Any special exercise, performance or work requirements:

Housing/ Bedding:

Predominant floor covering in house:

Diet:

Current Vet:

Previous medical history:

Medication, supplements:

Why are you seeking treatment, what would you like to achieve?:

Julia Anderson is insured by Arthur J. Gallagher & Co (Aus) Limited

