



Owner Information

Name: _____

Address: _____

Phone: _____

Email: _____

Pet Information

Name: _____

Breed(s): _____

Gender: _____ Spayed / Neutered Y / N Age/Weight: _____ Color/Markings: _____

Veterinarian Information

Veterinarian's Name/Clinic: _____

Phone: _____

Medical History

Is your pet up to date on: • Rabies • DHLPP

➤ If no, does your pet have a veterinary exemption? _____

Medications/Supplements/Therapies: _____

Allergies: _____

Condition of Coat: _____

Surgeries/Major Injuries/Accidents: _____

Joint/Orthopaedic Issues: _____

_____ Xrays/CT: _____

Gait/Conformation/Braces/Wheelchair: _____

Overall disposition and energy level: _____

Home Environment: _____

Recent changes to that: _____



Please circle any of the following conditions that your pet currently has/had in the past:

Arthritis / tendonitis Neck / back injury Joint surgery Paralysis DDD
Cancer Kidney problems Liver problems Heart problems Lunge Issues Diabetes
Skin diseases / problems Vomiting Diarrhea Hydration Urine/Stools

Other: _____

Behaviour History:

Any current or past behavioral problems? _____

If yes, elaborate: _____

Any history of aggression: _____

If yes, please explain: _____

Does your dog get along with other dogs? Yes / No

Is there anything else that I should know about your pet? _____

Can I give your pet treats? _____



Your goals + objectives for your friend: _____

I understand that pet massage is not a substitute for medical examination, diagnosis, or treatment and that I should consult with a veterinarian or other qualified medical specialist if my pet exhibits any physical/neurological ailments.

I affirm that I have stated all of my pet's known medical conditions, including infectious diseases, and answered all questions honestly. I agree to keep the practitioner updated as to any changes in the pet's medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I give my consent for my pet to be massaged, and I agree not to hold the practitioner responsible for any alleged injury to the pet. I understand that it is solely my responsibility to inform the practitioner of any history of aggressive behavior on the part of my pet, and that I am responsible for any property damage and/or any injuries caused directly by my pet to the practitioner, or any other person present at the time.

I understand that payment is due in full at the time of treatment. I agree to give 24 hours' notice if I need to cancel or reschedule an appointment otherwise services will be chargeable.

Signature: _____ Date: _____