

# Canine Massage Intake Form

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Dog's name: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Level of daily activity (please briefly describe) ex: ball chasing, walking, hiking, swimming

\_\_\_\_\_  
\_\_\_\_\_

Medical History:

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Medications/Supplements being taken:

\_\_\_\_\_  
\_\_\_\_\_

Please indicate any of the following conditions that your dog currently has:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> allergies        | <input type="checkbox"/> arthritis/tendinitis | <input type="checkbox"/> neck/back injuries      |
| <input type="checkbox"/> cancer           | <input type="checkbox"/> sprains/strain       | <input type="checkbox"/> abnormal skin condition |
| <input type="checkbox"/> heart problems   | <input type="checkbox"/> joint surgery        | <input type="checkbox"/> major accident(s)       |
| <input type="checkbox"/> recent injuries. | <input type="checkbox"/> other surgery        | <input type="checkbox"/> other (explain below)   |

\_\_\_\_\_  
\_\_\_\_\_

Does your dog have difficulty lying on their front, back or side? Yes No

If yes, please explain: \_\_\_\_\_

Do you feel your dog is currently under stress?

If yes, please explain: \_\_\_\_\_

Is your dog nervous or aggressive around strangers or strange places? Yes No

If yes, please explain: \_\_\_\_\_

Is there any particular area where you think your dog is experiencing stiffness, pain or discomfort?

If yes, please explain: \_\_\_\_\_

Is there anything else about your dog's health history that would be important for the massage provider to know?

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I understand that canine massage should not be construed as a substitute for medical examination, diagnosis or treatment and that I should consult a veterinarian, chiropractor or other qualified medical specialist physical ailments. Massage should not be performed under certain medical conditions, including infectious diseases and I have answered all questions honestly. I agree to keep the massage provider updated to any changes in the pet's profile and understand that there shall be no liability on the provider's part should I fail to do so.

Signature \_\_\_\_\_ Date \_\_\_\_\_



Massage • Healing Touch • Cold Laser