

Canine Intake Form

Dog's name: _____ **Age:** _____ **Gender:** _____

Breed: _____ **Color/markings:** _____

How long have you had your the dog? _____

Where did you get your dog? Breeder Shelter/rescue Other (please explain)

Companion's Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Home or cell?** **Email:** _____

Occupation: _____

Veterinarian: _____ **Phone:** _____

Has your dog had massage/bodywork before? Yes No

If "yes", what kind and how did the dog react? _____

Level of Daily Activity (Please circle one)

High Medium Low

Activities: _____

Diet

What type of food do you feed your dog? Dry kibble Wet/canned food Raw/cooked food

How many meals/day does your dog get? _____

Medications/Supplements Being Taken: _____

Please indicate any of the following conditions that your dog currently has or has had in the past:

- allergies arthritis/tendinitis neck/back injuries itching constipation/diarrhea
- cancer sprain/strain skin condition diabetes vomiting
- heart condition joint surgery numbness fleas/ticks recent injuries
- major accident(s) surgery(kind/date) other(please list below)

Explain Any Health Problems: _____

Is your dog spayed/neutered? Yes No

If yes, have they been mated/pregnant? How many times? _____

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

If yes, please explain: _____

As the owner, do you feel your dog is currently under stress? Yes No

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 tension, stiffness, pain or other discomfort? Yes No

If yes, please explain: _____

Is your dog current with their vaccinations? Yes No

Is there anything else about your dog's health history that would be useful for me to know?

I understand that the massage/bodywork my dog receives is provided for the basic purpose of relaxation and relief of muscular tension. I further understand that canine massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a veterinarian, chiropractor or other qualified medical specialist if my pet exhibits mental or physical ailments. Because massage should not be performed under certain medical conditions, including infectious diseases, and answered all questions honestly. I agree to keep the therapist updated as to any changes in the pet's medical profile and understand that there shall be no liability in the therapist's part should I fail to do so.

Client Signature: _____ **Date** _____