



Canine Intake Form

Dog's Information

Dog's Name: _____

Date of Birth: _____ **M/F:** M ____ F ____ **Spay/Neutered:** Yes ____ No ____

Weight: _____ lbs

Breed(s): _____ **Color/Markings:** _____

Can your dog receive treats during sessions? Yes ____ No ____

Guardian's Information

Name: _____

Street Address: _____

City: _____, CO **Zip Code:** _____

Phone Number: _____

Email: _____

Veterinarian's Information

Veterinarian: _____

Veterinarian Address: _____

Veterinarian Phone: _____

Veterinarian Email: _____



Health History

Level of Daily Activity: LOW 1 ____ 2 ____ 3 ____ 4 ____ 5 ____ HIGH

Activities: _____

Medication/Supplements Taken: _____

Diet (brand/amount): _____

Indicate any of the following conditions your dog currently has:

Allergies ____ Arthritis / Tendonitis ____ Neck / Back Injury ____ Cancer ____

Kidney Problem ____ Skin Condition ____ Heart Problem ____ Joint Surgery ____

Major Accident ____ Diabetes ____ Recent Injury ____ Other Surgery ____

Other ____

Briefly explain any conditions listed above or other health concerns you may have:

Have you talked to your veterinarian about your dog receiving massage in relation to any of the above conditions? Yes ____ No ____

If yes, please explain your veterinarian's response: _____



Does your dog have any difficulty lying on his/her front, back, or side? Yes ____ No ____

If yes, please explain difficulty: _____

Do you feel your dog is currently under stress? Yes ____ No ____

If yes, please explain stress: _____

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

If yes, please explain behavior: _____

Are there any particular areas you think your dog is experiencing tension, stiffness, pain, or other discomfort?

Is your dog sensitive to touch? Yes ____ No ____

If yes, please explain sensitivities: _____

Has your dog received massage before? Yes ____ No ____

If yes, when and for what purpose? _____



Is your dog current with his/her vaccinations or titers? Yes ____ No ____

What are you hoping to achieve for your dog with canine massage session(s)? _____

Is there anything else about your dog you think would be useful to know? _____

I understand that the massage 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, canine chiropractor, or other qualified medical specialist if my pet exhibits any neurological/physical ailments.

I affirm that I have stated all of my pet's known medical conditions, including infectious diseases, and answered all the above questions honestly. I agree to keep the therapist updated as to any changes in the pet's medical profile. I give my consent for my dog to be massaged. I understand that it is solely my responsibility to inform the practitioner of any history of aggressive behavior on the part of my dog.

I agree to do my best to give 12 hours notice if I need to cancel or reschedule an appointment.

I confirm I have read and agree to the above statement.

Signature: _____

Date: _____