



Confidential Client Intake Form

Dog's Name _____ Breed _____
Color _____ Gender _____ DOB _____

Owner Information

Name _____
Address _____
Home Phone _____ Cell/Work Phone _____

Emergency Contact

Name _____ Phone _____

Veterinarian Information

Is your dog under the care of a veterinarian? Yes No
If yes, for what condition? _____
Veterinarian's name _____ Phone _____

Health Information

How many hours a week does your dog get exercise and what kind of exercise? _____

Do you notice any problems with activities of daily living? _____

Has your dog had a massage before? Yes No When? _____

What results from massage do you want for your dog? _____

List any medications your dog is currently receiving: _____

List any injuries, surgeries, or illness still affecting your dog: _____

There are some health conditions, including skin disorders, heart disease, kidney conditions, and fevers or infections that can be made worse by massage. Please list any current health concerns your dog is experiencing: _____

I have listed all my dog's known health conditions, and I agree to inform the massage therapist of any changes in my dog's health between massage sessions. I understand that the massage therapist must be aware of any and all health conditions to provide safe and effective massage. I understand that massage therapy is not a substitute for veterinary care, and that the massage therapist does not diagnose nor prescribe for injury, illness, or any other physical disorder, nor does the massage therapist treat any medical conditions in dogs. I understand that the massage therapist must be licensed to provide massage for animals. I agree to give 24 hours notice to cancel an appointment, and I agree to pay the full fee for the session if I do not provide 24 hours notice to cancel.

Owners signature _____ Date _____