

Canine Massage Intake Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Preferred Method of Contact? Call, Text, Email

How did you hear about The Balanced Orchid? _____

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

Breed: _____ Color: _____

Level of Daily Activity (Please circle one) High/Medium/Low

Daily Activities:

Has your dog had a massage/bodywork, or chiropractic treatments before? _____

If "yes", what was your experience like? How did your dog respond to the treatment?

Medical History

Veterinarian: _____ Phone: _____

Medications/Supplements Being Taken:

Please indicate any of the following conditions that Your dog currently has: allergies arthritis/tendinitis neck/back injuries cancer sprains, strain abnormal skin condition heart Problems joint surgery numbness major accident(s) diabetes recent injuries other (please list below) surgery(kind/date)

Explain Any Health Problems:

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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 there anything else about your dog's health history that would be useful for the massage therapist 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, chiropractor or other qualified medical specialist if my pet exhibits and 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. I understand that at any time, the therapist may end the massage if they feel that the dog is becoming too agitated or aggressive.

Signature: _____ Date _____