



## K-9 Performance Massage

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### Canine Health History

Date and time: \_\_\_\_\_ Type: Canine / Equine / Other: \_\_\_\_\_

Animal Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Male / Female Age: \_\_\_\_\_

Color: \_\_\_\_\_ Spay / Neuter Weight: \_\_\_\_\_ Exercise: \_\_\_\_\_ Diet: \_\_\_\_\_

Appetite: \_\_\_\_\_ Stools: \_\_\_\_\_ Respiration: \_\_\_\_\_ Vomiting: \_\_\_\_\_

Hydration: \_\_\_\_\_ Surgery: \_\_\_\_\_ X-Rays: \_\_\_\_\_ Illness: \_\_\_\_\_ Injury: \_\_\_\_\_

Coat (Dull, shiny, bare spots or marks. Obvious lacerations or injuries) \_\_\_\_\_

Joints/Orthopedic Problems: \_\_\_\_\_

Current Pain Management Protocol: \_\_\_\_\_

Medications: \_\_\_\_\_

Supplements: \_\_\_\_\_

Environmental Influences (living environment, stress, other pets, new baby, etc.) \_\_\_\_\_

Disposition today: \_\_\_\_\_

#### Guardian and Veterinary Contact Information

\*The practitioner reserves the right to contact your veterinarian with any questions about your animal(s).

Years with Current Guardian: \_\_\_\_\_ Years Previous Home: \_\_\_\_\_ Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone(s): \_\_\_\_\_

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

Veterinarian Name and Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_

Guardian's Goals and Objectives for overall massage treatment: \_\_\_\_\_

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