



K-9 Performance Massage

Jacquelyn Reed, LMT, BCTMB

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Canine Massage Feedback/Testimonial

Dog(s) Name: _____ Breed: _____ Age: _____

Date of services _____ (approximately) Number of sessions _____

Activity level: Athlete/Competitor Daily Walks Senior Puppy Somewhat Sedentary Sedentary

Conditions or reason you thought massage might help your dog.

How do you think your dog responded during the massage.

What improvements, if any, did you notice in your dog during and after your treatment period?

I.e, consider emotional and physical changes. running more, improved-more jumping, better appetite, less shy, etc.

I grant Jacquelyn Reed, LMT BCTMB, K9 Performance Massage to use my feedback/testimonial and photos of my dog in her marketing materials.

Date _____

Your Name _____ Signature _____