



Massage: Information & Health History

Pets Name: _____ Date: _____

Weight: _____ Age: _____ Male/Female Spayed or Neutered: Y/N

Breed: _____ Color/Markings: _____

Pets Birthday: _____

Regular Exercise: _____

Level of Training: _____

Diet: _____

Supplements: _____

Any dietary issues? (i.e. food allergies, digestion problems, constipation) _____

Environmental Influences (living environment, changes, stressors, etc.): _____

Has your animal ever had a massage before? Y/N If yes, how did they respond? _____

Areas Sensitive to Touch: _____

Illnesses: _____

Injuries: _____

Surgeries: _____

Orthopedic/Joint Issues: _____

Regular Pain Management: _____

Specific Medical Conditions

For your animals' safety the therapist must be aware of all medical conditions. Therapeutic massage may affect these and their health.

Area(s) of Infection? Y/N Location: _____

Area(s) of Swelling? Y/N Location: _____

Area(s) of Pain? Y/N Location: _____

Arthritis? Y/N Type: _____

Cancer or Tumors? Y/N What Type & Location: _____

Any Cardiovascular Diseases? Y/N What Type: _____

Diabetes? Y/N Info: _____

Kidney, Liver, or Urinary problems? Y/N What kind: _____

Respiratory Conditions? Y/N What Kind: _____

Skin Conditions? Y/N What Type: _____

Pet Parent & Vet Contact Information

FURSSAGE reserves the right to contact your veterinarian with any questions about your animal(s).

Pet Parent's Name: _____

Phone: _____ Email: _____

Address: _____

Veterinarian Clinic: _____ **Phone:** _____

Vet's Name: _____

Parent's Goals & Objectives: _____

Notes to Therapist: _____
