



Animal Massage Intake Form

Background Information:

Animals Name: _____ Weight: _____ Age: _____

Type: _____ Breed: _____ Sex: _____ Spayed/Neutered: _____

Responsible Person: _____

Address: _____ City: _____ Zip: _____ State: _____

Telephone: _____ Day: _____ Evening: _____

Email: _____

Emergency Contact: _____

Veterinarian (Name and Number): _____

Living Conditions:

Where did you obtain your animal companion?: _____

At what age? _____

Other animal companions in the home? _____ How many? _____

Type? _____

How do they relate to each other? _____

Does your animal companion live indoors or outdoors? _____

Current Medical Conditions:

Any current injuries? _____ Please explain: _____

Current medications? _____

Heart conditions? _____

Allergies? _____

Skin conditions? _____

Current symptoms? _____

Location of pain/discomfort? _____

Reason for visit? _____

What are you looking to achieve? _____



Current Medical Conditions : (continued)

Has your animal companion received a massage before? _____ If yes, when and for what purpose? _____

Is the animal sensitive to touch/pressure? _____ If yes, where? _____

Any current/specific behavioral problems? _____ If yes, what? _____

Any history of aggression? If yes, please explain: _____

Nutrition:

What do you feed your animal companion? _____

Feeding schedule? _____ Last time animal ate? _____

Maintenance Schedule:

Exercise schedule: _____ Grooming schedule: _____

Date animal's ears last checked? _____ Date ears cleaned? _____

Date animal's nails were last trimmed? _____ Last fecal check? _____

Dental History:

Date of last teeth cleaning? _____ Condition of teeth? _____

Describe breath odor: _____

Any dental procedures? _____ When? _____ What? _____

_____ Tooth extractions? _____ How many? _____ Date? _____

Medical History:

Any surgeries? _____ When? _____ What type? _____

Prior illnesses? _____

Prior medications? _____

Any history of epileptic seizures? _____ Hip dysplasia? _____

Elbow dysplasia? _____ Parasites? _____ What type? _____



Breeding History:

Date animal was last studded/bred? _____ Any pregnancies? _____

If yes, when? _____ Any miscarriages? _____ If yes, when? _____

Any pregnancy or birthing complications? _____

Date of last estrus cycle: _____

Travel History:

Has the animal ever traveled out of the country or state? _____

If yes, when and where: _____

Misc:

Is there anything else that I should know about your animal companion? _____

Is there anything that the animal likes or dislikes in terms of touch, food, toys, noise etc...? _____

Has the animal been in any fights where they have been injured? _____

Can I give the animal treats? _____

MESSAGE DOES NOT TAKE THE PLACE OF PROPER VETERINARY CARE FROM A DOCTOR OF VETERINARY MEDICINE. PLEASE CONTACT YOUR LOCAL VETERINARIAN FOR ANY PERSISTENT PROBLEMS BOTHERING YOUR ANIMAL COMPANION.

Signed: _____ Dated: _____