



Client Intake Form

Pet Parent: _____ **Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

Veterinarian: _____ **Phone:** _____

Pet Name: _____ **Male/Female** **Spayed/Neutered**

Breed: _____ **Age:** _____ **Weight:** _____ **Color:** _____

Level of activity: **High** **Medium** **Low**

Activities: _____

Medications and/or Supplements: _____

Vaccinations: _____

Please indicate any health concerns or issues (e.g allergies, skin conditions, injuries, cancer, surgeries, etc): _____

What do you feed your pet? Treats or bones? What is the feeding schedule? _____

Has your pet ever had a massage before? If yes, last massage and how often? _____

Any specific behavior issues? (e.g touch sensitivity, resource guard, bite history, etc): _____

Do you feel like your pet experiences any stress or anxiety? If so, please explain: _____

What would you like to achieve or expect out of the sessions? _____

Any other comments, questions, or concerns you would like address? Other information of your pet that may be important? _____

I am allowing my companion canine to receive massage therapy. I understand that massage is not a substitute for medical treatment or medications, and that it is recommended that I work with my veterinarian for any medical conditions that my canine may have. I understand that any of the massage sessions are for the purpose of stress reduction, relief from muscular tension, general relaxation and improvement of circulation and range of motion.

I understand that the massage therapist cannot diagnose illness or disease, cannot prescribe medications, and that spinal manipulations are not part of massage. I understand that any information provided by the massage therapist is for educational purposes only, and is not diagnostically prescriptive in nature.

I have informed the massage therapist of all my canine's known physical conditions, limitations, medical conditions and medications. It is my responsibility to update this information with the therapist and contact my veterinarian if my canine's physical conditions, limitations, medical conditions or medications should have changed.

By signing this release, I hereby waive and release the massage therapist listed below from any and all liability, past, present, and future, relating to massage and bodywork. I understand the massage therapist is working within his/her scope of practice and is in the process of receiving his/her credential as a canine massage therapist.

Massage Therapist: Jane Kim

Signature: _____

Date: _____