

Canine Bodywork Intake Form

OWNER INFORMATION:

NAME:	PHONE:	
ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL:		

CANINE INFORMATION:

NAME:	AGE:
BREED:	SEX:
SPAYED/ NEUTERED: YES NO	USED FOR BREEDING: YES NO
VETERINARIAN NAME AND NUMBER:	

MESSAGE INFORMATION:

Has your dog ever received a professional massage?	YES	NO
Is your dog reactive?	YES	NO
Does your dog have ANY aggressive tendencies?	YES	NO
Has your dog EVER bitten a person?	YES	NO
Does your dog have a spot that should not be touched?	YES	NO
If yes, where? _____		
Does your dog experience any stiffness, tension, or pain?	YES	NO
If yes, where? _____		
Does your dog see a chiropractor?	YES	NO
If yes, how often? _____		
What are your goals for treatment? _____		
Any additional information you would like to provide? _____		

Canine Massage Consent Form

Please read an initial each of the following statements:

_____ I understand that massage therapy may provide benefits for certain conditions which may include relief of muscular tension, relaxation, improvement of circulation, reduction in the symptoms of stress related conditions, and provision of general well-being but results are not guaranteed.

_____ I understand that side effects of massage therapy may include muscle soreness and swelling amongst other possible temporary outcomes

_____ I understand the qualifications and training obtained by the animal massage therapist, and I will not hold the therapist liable for any injury or illness my animal acquires during the course of massage treatments.

_____ I am aware that animal massage therapist are not qualified to diagnose, prescribe, or physically perform spinal or skeletal adjustments

_____ I understand I have the right to question procedures used and to receive an explanation of any procedure the therapist performs

_____ I am aware of cancellation policies as well as the time in which payment of services is due and agree to pay all sessions in a timely manner.

_____ I understand it is my responsibility to consult with my veterinarian about any and all contraindications to massage therapy.

By signing below I agree to the following:

I confirm that I am the owner of the animal stated in the intake form. I will uphold all policy and procedures provided by my animal massage therapist so long as my animal is receiving treatments. I waive all liability towards my therapist and Visconti Healing, LLC.

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____

Health History

Please check all that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Dislocations | <input type="checkbox"/> Limitations in movement |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Ear infections | <input type="checkbox"/> Loss of sensation |
| <input type="checkbox"/> Abnormal growths | <input type="checkbox"/> Eye infections | <input type="checkbox"/> Muscle pain |
| <input type="checkbox"/> Bursitis | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Nerve damage |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Fever | <input type="checkbox"/> Pregnant or nursing |
| <input type="checkbox"/> Cardiovascular issues | <input type="checkbox"/> Healing wound | <input type="checkbox"/> Recent surgery |
| <input type="checkbox"/> Dental issues | <input type="checkbox"/> Hematoma | <input type="checkbox"/> Sensory loss |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Hernia | <input type="checkbox"/> Skin issues |
| <input type="checkbox"/> Digestive issues | <input type="checkbox"/> Infection | <input type="checkbox"/> Tendonitis |
| <input type="checkbox"/> Disc/Vertebral issues | <input type="checkbox"/> Inflammation | <input type="checkbox"/> Ulcers |
| | <input type="checkbox"/> Joint pain | <input type="checkbox"/> Other _____ |

Details for any of the above: _____

Please list any medications or supplements your dog takes: _____

Describe your dog's daily temperament: _____

What sports or competitions does your dog engage in? _____

How often is your dog walked? _____

By signing below I agree to the following:

The information I have provided regarding my dog's medical history is accurate to the best of my knowledge. I understand the information given pertaining to the requested treatment/ treatments and confirm that my dog does not have any conditions that would make the treatment/ treatments unsuitable. I understand that canine massage is not a substitution nor replacement for proper veterinary care. I understand it is my responsibility to consult with my veterinarian of any changes to my dog's health.

Client Signature:

Date: