



PHD Massage LLC

Canine Massage Therapy Intake Form

OWNER INFORMATION

Name: _____ Intake Date: _____
Street Address: _____ Day Phone: _____
City: _____ State: _____ Zip: _____ Cell Phone: _____
E-mail address: _____
Referred by: _____

CANINE INFORMATION

Name: _____ DOB: _____
Breed: _____ Male Female
Approximate Weight: _____
Veterinarian/Clinic: _____

Massage & Health History

Has equine ever had a professional massage before? Yes No Date of Last Massage _____
What are the reasons for canine's visit today? _____
What results do you want from your canine's massage sessions? _____

Please describe exercise activities & frequency _____

Is canine under the care of a veterinarian? Yes No If yes, please explain: _____

Please list any medication, including supplements: _____

Please list any recent injuries/accidents/surgeries/illnesses that are affecting canine currently: _____

Describe any conditions indicated above, or other conditions that you feel may be important:

(TURN FORM OVER)

Contract for care:

I promise to participate fully as a member of my canine's health care team. I will make sound choices regarding my canine's treatment plan based on the information provided by my Massage Therapist and other members of my canine's health care team. I agree to participate in the self-care program that we select. I promise to inform my canine's health care team any time I feel my canine's well-being is threatened or compromised. I expect my Massage Therapist to provide safe and effective treatment.

Consent for care:

It is my choice to receive massage therapy for my canine, and I give consent to receive treatment. I understand that Massage Therapists DO NOT diagnose illness, disease or any other physical or mental disorders. Massage therapy is not a substitute for medical examination and/or diagnosis. I affirm that I have stated all my canine's known medical conditions and shall take it upon myself to keep my Massage Therapist updated on my canine's physical/mental health. I also agree there shall be no liability on the practitioner's part should I neglect to do so.

Signature: _____ Date: _____

If you are unable to keep your appointment, please give 24 hours-notice to avoid cancellation fee.

Text Messages Confirmation ~ I acknowledge that I give PHD Massage/Bonnie Dittmer to send me text messages to my cellphone for appointment notifications. _____

(Client's signature)

