



CANINE MASSAGE CLIENT INTAKE FORM

Please complete prior to first appointment

CONTACT INFORMATION

Name: _____
Address: _____
City: _____ State: ____ ZIP: _____
Phone: _____
Email: _____

Veterinarian: _____
Clinic/Hospital: _____
Phone: _____
Email: _____

PET HEALTH INFORMATION

Sex: Male Female Neutered/Spayed
Breed: _____
Age: _____ Weight: _____
Vaccinations: _____
Medications: _____

Supplements: _____
Diet: _____
Activities: _____
Past Injuries/Surgeries: _____

PRE-EXISTING CONDITIONS (please check any that apply and describe if applicable)

- | | |
|--|--|
| <input type="checkbox"/> Infectious disease: _____ | <input type="checkbox"/> Inflammation: _____ |
| <input type="checkbox"/> Fever: _____ | <input type="checkbox"/> Neuropathy: _____ |
| <input type="checkbox"/> Acute Diarrhea: _____ | <input type="checkbox"/> Arthritis: _____ |
| <input type="checkbox"/> Untreated Injury: _____ | <input type="checkbox"/> Skin condition: _____ |
| <input type="checkbox"/> Heartworm Positive: _____ | <input type="checkbox"/> Pregnant: _____ |

If your pet has any changes to his/her medical condition or general health, please inform me before the next massage.

PERSONALITY (please check any that apply and describe if applicable)

- | | |
|--|---|
| <input type="checkbox"/> Anxiety: _____ | <input type="checkbox"/> Aggression: _____ |
| <input type="checkbox"/> Fear of People/Animals: _____ | <input type="checkbox"/> Resource Guarding: _____ |
| <input type="checkbox"/> Fear of Noises: _____ | <input type="checkbox"/> Touch Sensitive: _____ |

TREATMENT GOALS (please briefly explain why you have sought treatment for your pet and your desired outcome)

Please read the following before signing: I, the undersigned, find the above information correct to the best of my knowledge. I understand that animal massage therapy (AKA Musculoskeletal Manipulation) is considered an Alternate Therapy under current Texas Administrative Code Rule §573.14, requiring the consent of the animal's supervising veterinarian, and I have provided required authorization. I understand that Bradley Winkler, dba Houston Dog Mechanic, is not a licensed veterinarian and does not diagnose, perform surgery, or prescribe medications. I also understand that Musculoskeletal Manipulation (massage therapy) is not a replacement for proper veterinary care and that any injuries or diseases must be medically diagnosed and treated by my veterinarian.

I understand that Bradley Winkler, dba Houston Dog Mechanic, is not responsible for any damages to others or to any property caused by my dog. I further understand that I assume the unavoidable risks inherent in all animal-related activities including but not limited to bodily injury and physical harm. I therefore agree to indemnify and hold harmless Bradley Winkler, dba Houston Dog Mechanic, and further release him from any liability or responsibility for accident, damage, injury or illness to my person or property.

I understand that full payment is due at the time of treatment and that appointments not cancelled 24 hours in advance will be billed at half the standard rate.

Client's Signature

Date

Therapist's Signature