

# Animal Massage Intake Form

## **Background Information:**

Animals Name: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_  
Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_  
Responsible Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
Veterinarian (Name and Number): \_\_\_\_\_

## **Living Conditions:**

Where did you obtain your animal companion? \_\_\_\_\_  
At what age? \_\_\_\_\_  
Other animal companions in the home? \_\_\_\_\_ Type? \_\_\_\_\_ How many? \_\_\_\_\_  
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? \_\_\_\_\_  
Allergies? \_\_\_\_\_  
Skin conditions? \_\_\_\_\_  
Current symptoms? \_\_\_\_\_  
Location of pain/discomfort? \_\_\_\_\_  
\_\_\_\_\_  
Reason for visit? \_\_\_\_\_  
\_\_\_\_\_  
What are you looking to achieve? \_\_\_\_\_  
\_\_\_\_\_  
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: \_\_\_\_\_  
\_\_\_\_\_

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## **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? \_\_\_\_\_

Immunizations? \_\_\_\_\_ 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: \_\_\_\_\_

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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: \_\_\_\_\_ Date: \_\_\_\_\_