



Health History Intake Form

Print this form on your printer and fill it out as completely as you can. Please have it with you at the start of your dog's first massage session.

Prefer to fill out and submit this form online? The on-line version is [here](#).

Questions? Give us a call and we'll be happy to help!

Date: _____ **Best phone #:** _____

Animal's name: _____ Breed: _____

Sex: _____ Age: _____ Spayed/ Neutered?: _____ Color: _____ Typical disposition: _____

Weight: _____ Exercise (hrs/ day:) _____ Appetite: _____ Vomiting: _____

Diet: _____ meals per day What brand? _____

Any Surgeries: *If yes, please describe* _____ When?

Any X-rays: *If yes, of what* _____ When?

Any illnesses: *If yes, please list type, treatment, and date* _____

Any injuries: *If yes, please list type, treatment, and date* _____

Joints or Orthopedic problems: *If yes, please describe* _____

Current Pain Management: *describe* _____

Other medications: *please list* _____

Supplements: *please list* _____

Environmental influences (*living environment, stress, other pets, new baby, etc.:*) _____

Guardian and Veterinary Contact Information

Years with current guardian: _____ Type of previous home (*if applicable*) _____

Guardian Name _____ Address _____

Email: _____ Florida _____ Zip: _____

Veterinarian: _____ Phone: _____

Referred by: _____ Guardian's goals: _____

This information will be filled out during your dog's first session

Coat: _____ Hydration: _____ Respiration: _____