

Desert Moon Animal Massage Client Intake Form

Animal's Information

Animal's Name: _____ Canine Feline Equine Bovine Other: _____

Breed: _____ Color/Markings: _____

Gender: Male Female Age: _____ Spayed / Neutered / Gelded: Yes No

Owner Information

Name: _____

Address: _____

Primary Phone: _____ (Home / Cell / Work) Email: _____

Referred by / How Did You Hear About Us: _____

Veterinarian and Health Information

Is your animal under the care of a veterinarian? Yes No Is he/she up to date on vaccinations? Yes No

Veterinarian / Clinic's Name and City: _____

List any medications he/she is currently receiving, or any recent surgeries / injuries still affecting your animal:

There are some health conditions, including skin disorders, cancer, heart disease, kidney conditions, fevers or infections that can be made worse by massage. Please list any current health concerns he/she is experiencing:

_____ (use back of form if needed)

Do you notice any problems with animal's activities of daily living? _____

Has he/she had massage therapy before? Yes No **Note: Please alert provider if there are any touch sensitive areas on the body of the animal prior to massage session, especially if they may cause aggressive/anxious reactions.**

I have listed all of my animal's known health conditions and I agree to inform the massage provider of any changes in my animal's health between massage sessions. I understand that the massage provider must be made aware of any and all health conditions to provide safe and effective massage. **I understand that massage therapy is not a substitute for veterinary care and that the massage provider does not diagnose nor prescribe for injury, illness or any other physical disorder, nor does the massage provider treat any medical condition in animals.** I understand that the massage provider is certified to provide massage for animals and that there can be no guarantee as to the animal's condition or reaction to massage therapy undertaken. I agree to give 24 hours' notice to cancel an appointment and I agree to pay the full fee for the session if I do not provide 24 hours' notice to cancel.

Owner's signature: _____ Date: _____