



Owner/Guardian Name(s): _____

Person Responsible for account: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone :() _____ Work :() _____ Cell :() _____

Email Address: _____

Emergency Contact: _____ Phone :() _____

Pet Information

Name: _____ Breed: _____ Date of Birth: _____ Sex: M / F

Is your pet Spayed / Neutered? Yes / No. Date of Spay / Neuter? _____ Rabies Vaccine Date: _____

Health Care Providers:

Veterinarian: _____ Phone :() _____

Orthopedic Vet: _____ Phone :() _____

Chiropractor: _____ Phone :() _____

Other: _____ Phone :() _____

Were you referred by a healthcare provider? Yes / No If yes, by whom and for what reason? _____

Medical Information:

List any current medical problems. _____

Have these been diagnosed by a vet? Y / N

List medications and / or supplements you currently give to your pet.

Medication / Supplement	Dose & Frequency	Reason

Allergies

Drug / Food etc.	Reaction Caused

Surgeries

Date	Reason	Diagnosis or Treatment

Other Injuries or Past Conditions

Date	Symptoms or Cause	Diagnosis or Treatment

Health Habits

Exercise: Type _____ Frequency: _____

Describe the types of activities, training and or work your pet has recently been involved in: _____

What does your pet's diet consist of? _____ Brand _____

Feeding Schedule _____ Amount _____ Table food given? Y / No

General Health	Yes	No	Describe
Has your pet received massage before?			
Is your pet receiving physical therapy for a condition?			
Is your pet eating and drinking normally?			
Does your pet adopt a specific posture regularly?			
Does your pet appear to sleep comfortably?			
Has your pet had any changes in behavior?			
Has your pet had any history of aggression?			
Is your pet sensitive to touch or pressure?			
Is there any additional information you would like to share?			

Please list any verbal or non-verbal cues used with your pet that would be helpful. _____

May I give your pet treats? _____

How did you hear about ProDog Massage? _____

Would you like to be on our email list to receive news on upcoming events, services or specials? Yes / No

May I take a photo of your pet for his / her file? Yes / No

May I use your pet's photo on my website? Yes / No

Message does not take the place of veterinary care. Please contact your local veterinarian for specific questions about your pet's health or diagnosis.

Signed: _____ Date: _____