

Canine Massage Intake Form. – Skillful Paws

Name
(Owner) _____

Address _____

City _____ Zip _____

Phone _____

Email _____

Dog's name _____

Breed _____

Age _____

Gender _____

Spayed/neutered _____

Has your dog ever bitten anyone (Human or dog)

What kind of food does your dog eat (Special diet, canned food, dry food...)

Any supplements

Does your dog have any current issues regarding his/her physical health (Limping, sore spots) _____

Does your dog have a condition currently monitored by a veterinarian

Has your dog ever had an injury, if yes, where was the injury located

Does your dog suffer from allergies

Is he/she on any medication

Does your dog have dysplasia of the hips or elbows

Are there any joints affected by arthritis

Does your dog engage in sports, agility, show dog

How often do you train and is he/she competing

Is your dog energetic and active or more laid-back:

How much exercise does he/she get per day

Do you see any behavior problems with your dog

Is your dog; shy, fearful or has anxiety issues

Does your dog seem depressed?

Have you seen any behavioral changes recently

Any changes to his/her environment (moving, loss of other pet...)

Other things you have noticed / things I should know about - please list here

Signature _____

Date _____