



# BODYWORK INTAKE FORM

## OWNER INFORMATION

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you learn about us? \_\_\_\_\_

## PET INFORMATION

Name: \_\_\_\_\_

Breed(s): \_\_\_\_\_

Sex:  Male  Female Spayed/Neutered:  Yes  No

Date of Birth (Or Approx. Age): \_\_\_\_\_ Weight: \_\_\_\_\_

Do you feel that your dog is a normal weight?  Yes  No

Color/Markings: \_\_\_\_\_

Does your dog participate in any sports? If so, please list them here. \_\_\_\_\_

## VETERINARIAN INFORMATION

Veterinary Clinic Name: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## MEDICAL HISTORY

Is your pet up to date on vaccinations?:  Rabies  DHLPP  Other: \_\_\_\_\_

Current Medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Supplements: \_\_\_\_\_  
\_\_\_\_\_

Known Allergies: \_\_\_\_\_  
\_\_\_\_\_

Surgeries or Prior Injuries: \_\_\_\_\_  
\_\_\_\_\_

Has your pet been diagnosed with any of the following conditions?  N/A  Cancer  Diabetes  IVDD  
 Kidney/Renal Disease  Liver Disease  Osteoarthritis  Paralysis or Paresis  
 Skin Disease  Skin Disease  Other: \_\_\_\_\_

Why are you seeking bodywork services for your dog? Is there an ongoing concern? Please explain in detail.  
\_\_\_\_\_  
\_\_\_\_\_

Any current or past behavioral problems? If so, please explain. \_\_\_\_\_  
\_\_\_\_\_

Any history of aggression? If so, please explain. \_\_\_\_\_  
\_\_\_\_\_

Is there anything else I should know about your pet (e.g., areas they do not like to be touched)? \_\_\_\_\_  
\_\_\_\_\_

## WAIVER

I understand that animal bodywork is not a substitute for medical examination, diagnosis, or treatment and that I should consult with a veterinarian or other qualified medical specialist if my pet exhibits any physical/neurological ailments. I affirm that I have stated all of my pet's known medical conditions, including infectious diseases, and answered all questions honestly. I agree to keep the practitioner updated as to any changes in the pet's medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I give my consent for bodywork to be performed on my pet, and I agree not to hold the practitioner responsible for any alleged injury to the pet. I understand that it is solely my responsibility to inform the practitioner of any history of aggressive behavior on the part of my pet, and that I am responsible for any property damage and/or any injuries caused directly by my pet to the practitioner or any other person present at the time. I understand that payment is due in full at the time of the appointment. I agree to give 24 hours' notice if I need to cancel or reschedule an appointment.

I confirm that I have read the above waiver in full and agree to abide by its contents.

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