

Open Hands Musculotherapy, LLC – CANINE Client Intake Form
(865)406-2762 www.openhandstn.org

PERSONAL INFORMATION:

Name of Dog _____ Type/Breed _____
Name of Owner _____
Phone (Day) _____ Phone (Eve/Cell) _____
Address _____
City/State/Zip _____
Email _____ Dog's Date of Birth/Age _____
Veterinarian _____
Veterinarian's Address (include city, state & zip) _____
Veterinarian's Phone Number _____ Fax: _____
I heard about your business from _____

The following information will be used to help plan safe and effective massage sessions for your dog. Please answer the questions to the best of your knowledge.

DATE OF VISIT: _____

1. Has the dog ever had a professional massage before? (CIRCLE) Yes No
If yes, how often did he/she receive massage therapy? _____

2. Does the dog have any difficulty lying on their front, back, or side? (CIRCLE) Yes No
If yes, please explain _____

3. Does the dog have any allergies to nuts, oils, lotions, or ointments? (CIRCLE) Yes No
If yes, please explain _____

4. Does the dog have sensitive skin? (CIRCLE) Yes No
If yes, please describe _____

5. Describe the dog's day-to day activities & energy levels (i.e. times a day walked, exercise, length crated or in the house, etc) _____

6. As the owner, do you feel your dog is currently under stress? (CIRCLE) Yes No
If YES, please describe behavior when your dog is under stress (examples: excessive panting, barking, snapping air, etc) _____

7. Is your dog nervous or aggressive around strangers or strange places?(CIRCLE) Yes No
If yes, please describe the behavior/triggers: _____

8. Is there a particular area of the body where you think your dog is experiencing tension, stiffness, pain or other discomfort? (CIRCLE) Yes No

If yes, please identify _____

9. Do you have any particular goals in mind for this massage session?

(CIRCLE) Yes No

If yes, please explain _____

MEDICAL HISTORY

In order to plan a massage session that is safe and effective, I need some general information about your dog's medical history.

10. Is your pet currently under medical supervision? (CIRCLE) Yes No

If yes, please explain _____

11. Does your dog see a chiropractor? (CIRCLE) Yes No

If yes, how often? _____

12. Is your dog currently taking any medications? (CIRCLE) Yes No

If yes, please list _____

13. Please document any known condition that your dog has ever been diagnosed with- past and present (examples- seizure disorder, dysplasia, arthritis, diabetes, surgeries, etc):

14. Is your dog current with their vaccinations? (CIRCLE) Yes No

If no, please explain _____

15. Is there anything else about your dog's health history that you think would be useful for your massage practitioner to know to plan a safe and effective massage session for him/her?

I, _____ (print name) understand that the massage my dog receives is provided for the basic purpose of relaxation and relief of muscular tension. I further understand that canine massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a veterinarian, chiropractor or other qualified medical specialist for any mental or physical ailments. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage should not be performed under certain medical conditions, 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 therapist updated as to any changes in the pet's medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

Signature of Owner _____ Date _____

Signature of Massage Therapist _____ Date _____