

## Canine Health History

**Dog's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Sex:** \_\_\_\_ **Spay/Neuter?** **Y N**  
**Breed(s):** \_\_\_\_\_ **Color/Markings:** \_\_\_\_\_  
**First massage?:** **Yes No** If **"No"**, how recently/often? \_\_\_\_\_

**Companion's Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Veterinarian:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Level of Daily Activity (Please circle one):**     High     Medium     Low

**Activities:** \_\_\_\_\_

**Medications/Supplements Being Taken:** \_\_\_\_\_

**Recent stools normal?** **Y N**

**Please circle any of the following conditions that your dog currently has:**

allergies	arthritis/tendinitis	neck/back injuries	diabetes
cancer	frequent urination	abnormal skin condition	
heart problems	joint surgery	numbness	

**surgery** (kind/date) \_\_\_\_\_

**other** (please list) \_\_\_\_\_

**Does your dog have any difficulty lying on their front, back, or side?** **Y N**

**Do you feel your dog is currently under stress?** **Y N**

**Is your dog nervous or aggressive around strangers or strange places?** **Y N**

If yes to any of the above, please explain: \_\_\_\_\_

**Is there any particular area where you think your dog is experiencing tension, stiffness, pain or other discomfort?** **Y N**

If yes, please explain: \_\_\_\_\_

**Is there anything else about your dog's health history that you think would be useful for the massage practitioner to know?**

I understand that massage is not, nor is it intended to be, veterinary treatment or veterinary medicine. I further understand that canine massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should consult a veterinarian if my pet exhibits any mental or physical ailments. Because massage should not be performed under certain medical conditions, I affirm that I have stated all of my dog's known medical conditions, including infectious diseases, and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my dog's medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.

**Companion's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_