

## OWNER INFORMATION AND CANINE MEDICAL HISTORY FORM

### Owner Information

Name: Last \_\_\_\_\_ First: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Would you like our newsletter? Y / N

### Pet Information

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

Age or Date of Birth: \_\_\_\_\_ Color: \_\_\_\_\_

Gender: \_\_\_\_\_ Spayed/Neutered? Y / N

### Medical History

What outcome do you seek for your dog? \_\_\_\_\_

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Has this pet suffered a traumatic injury? If so, give details \_\_\_\_\_

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Has this pet been diagnosed with an orthopedic condition? \_\_\_\_\_

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Is this pet currently taking any medications? If so, list meds and explain what they are for:

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Is there any part of the body that your pet objects to having touched? (ears, feet, face, tail, etc.) \_\_\_\_\_

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Is there any other information that would be important for me to know about this pet?

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I give you permission to massage my pet, and affirm I have given all relevant information.

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