

CanineSTRONG

Canine Health History

Dog Name: **Breed:**
Color/Markings: M F **DOB:**

Companion Name:
Email: **Phone:**
Address:
City: **State:** **ZIP:**
Occupation: **Have you or your dog had massage before?**
If "yes," what was your experience
like?

Veterinarian: **Phone:**
Address:

Level of Daily Activity (circle one): High Medium Low
Activities:
Medications/Supplements:
Diet: **Stools:**

Please indicate any of the following that your dog currently has:

- | | | |
|--|---|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Arthritis/Tendonitis | <input type="checkbox"/> Neck/Back Injuries |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Frequent Urination | <input type="checkbox"/> Abnormal Skin Conditions |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Numbness |
| <input type="checkbox"/> Major Accidents | <input type="checkbox"/> Joint Surgery | <input type="checkbox"/> Recent Injuries |
| <input type="checkbox"/> Other (please indicate below) | <input type="checkbox"/> Surgery (Kind/Date) | |

Film/X-Rays: **Date:**

Please explain any health conditions your dog is experiencing:

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

YES

NO

If yes, please explain:

As the owner, do you feel your dog is currently under stress?

YES

NO

If yes, please explain:

Is your dog nervous or aggressive around strangers or strange places?

YES

NO

If yes, please explain:

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

YES

NO

If yes, please explain:

Is your dog current with their vaccinations?

YES

NO

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

I 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, canine chiropractor, or other qualified medical specialist 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 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.

Companion Signature:

Date: