

# Fred4Paws Canine Health History

**Dog's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **SEX:** \_\_\_\_\_

Breeds(s): \_\_\_\_\_ Color/Marking \_\_\_\_\_

**Companion's Name:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Have you or your dog had massage before?: \_\_\_\_\_

If "yes" what was your experience like? \_\_\_\_\_

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

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

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

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

**Medication/Supplements being taken:** \_\_\_\_\_

**Diet:** \_\_\_\_\_ **Stools:** \_\_\_\_\_

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

- |                           |                               |                         |
|---------------------------|-------------------------------|-------------------------|
| allergies                 | arthritis/tendinitis          | neck/back injuries      |
| cancer                    | frequent urination            | abnormal skin condition |
| heart problems            | joint surgery                 | numbness                |
| major accident(s)         | diabetes                      | recent injuries         |
| other (please list below) | surgery (kind and date) _____ |                         |

**Films/Xrays:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Explain any health conditions your dog is experiencing:**

\_\_\_\_\_

## **Fred4Paws Canine Massage**

**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 areas where you think your dog is experiencing tension, stiffness, pain, or other discomfort? Yes No**

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

**When was the last time your animal was seen by a veterinarian and what was the reason for this visit. \_\_\_\_\_**

**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 on muscular tension. I further understand the canine massage should not be construed as a substitute for medical examination, diagnosis or treatment and 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 pets know 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 therapists part if I should fail to do so.**

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

**Fred4Paws  
Canine Massage Therapy  
Castle Rock, Co  
720-244-5199**

