



 (initial) The following information is requested as my first concern is always the health, happiness and well-being of your pet. I do not diagnose or treat injuries, illness or disease. Animal Massage does not take the place of proper veterinarian care.

PET'S INFORMATION:

Pet's Name: _____ Breed: _____
 Age: _____ Weight: _____ M / F
 Fixed? Spayed Neutered Intact

CAREIVER INFORMATION:

Caregiver's Name: _____
 Cell Phone: _____
 Email: _____

PET'S CURRENT MEDICAL CONDITION:

Current injuries / pain? _____ Current medications? _____
 Allergies? Yes No Skin Conditions? Yes No If yes, please explain: _____
 (Meds can mask any uncomfortable feelings your pet could exhibit if otherwise not on meds. I suggest you wait until a future time to learn to massage your pet.)

MEDICAL HISTORY:

Any surgeries? Yes No If yes, when? _____ What type? _____
 Prior illnesses? _____ Prior medications? _____
 History of seizures? Yes No Hip dysplasia? Yes No Elbow dysplasia? ? Yes No
 Parasites? Yes No If yes, what type(s)? _____
 Up to date on Immunizations? Yes No Please attach a copy of your pet's current vaccination record.

Why are you attending this Massage Class? I am attending because I want to learn to massage my pet. _____ (initial)

Has your pet received a massage before? Yes No If yes, when and for what purpose: _____
 Is your pet sensitive to touch? Yes No Are there any "NO TOUCH" zones? _____
 Is there anything else that your animal companion likes/dislikes in terms of touch, food, toys, noise, etc? Yes No
 If yes, what? _____

You will learn why this is important in class.

BEHAVIORIAL INFORMATION (SAFETY):

Any current behavioral problems? Yes No Any history of aggression? Yes No
If yes, your pet cannot attend class. You and your pet will benefit more from a one-on-one session. (Please remember that my first concern is the health, happiness and well being of your and all pets in class.)

ADDITIONAL INFORMATION:

Is there anything else you would like to share about your pet? Yes No If yes, what? _____

I UNDERSTAND THAT ANIMAL MASSAGE IS NOT A SUBSTITUTE FOR PROPER VETERINARY CARE.

Signature: _____ Date: _____

PLEASE COMPLETE ONLY IF YOUR PET IS UNDER VETERINARIAN CARE:

BECAUSE MY PET IS UNDER VETERINARIAN CARE, I HAVE CONSULTED WITH MY VETERINARIAN REGARDING THE WORKSHOP, "LEARN TO MASSAGE YOUR PET," AND MY VET HAS GIVEN THEIR APPROVAL. (ATTACH VET'S APPROVAL FORM, OTHERWISE YOU WILL NOT BE ABLE TO ATTEND.)

Signature: _____ Date: _____

HOW TO PREPARE YOU/YOUR PET FOR INDIVIDUAL OR MASSAGE WORKSHOP:

- Fill out all forms (Informed Consent, Intake, Contraindications List, Vet Approval) and email to me at least 5 days prior to massage/class. If I do not receive, you pet will not be allowed to participate
- Do not feed your pet at least three-four hours before massage class.
- Potty your pet. If he/she is having problems with bowel movements, let me know.
- For the additional comfort of your pet, you can bring your pet's bed, pillow or favorite throw
- **Additional info for Workshop:** You must read all pre-class information that will be emailed after payment/forms received.
- We will allow pets to socialize for at least 15 minutes prior to beginning massage class.
- All massage lesson work is done on floor, so bring a mat, pillow or whatever you may need.