



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, 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 Workshop?** \_\_\_\_\_

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.**

**BEHAVIORAL INFORMATION (SAFETY):**

Any current behavioral problems?  Yes  No Any history of aggression?  Yes  No  
**If yes, your pet cannot attend Workshop. You and your pet will benefit more from a one-on-one session.**

**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 THIS MASSAGE 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.) \_\_\_\_\_ (Initial)**

**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 workshop.
- 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
- We will allow pets to socialize for at least 15 minutes prior to beginning massage workshop
- All massage lesson work is done on floor, so bring a mat, pillow or whatever you may need.



**NON-DISCLOSURE AGREEMENT**

**DOG RELAXATION MASSAGE WORKSHOP**

As a Participant in Introduction to Dog Relaxation Massage Workshop, I agree *not* to share any copies of these forms or the E-Book Instruction Manual I have received in Workshop. This E-Book Instruction Manual is a step-by-step instruction on what was covered during the Workshop. (All materials are covered by law under copyright.)

The reason for my signing this Non-Disclosure Agreement is that I understand that without proper instruction, others may potentially hurt their pet(s) if not instructed properly and I do not want to be held responsible.

By signing this Non-Disclosure Agreement, I agree to enter into a confidential relationship with Jean Brusavich of TranquilPET, with respect to “not” sharing any materials received from Jean Brusavich of TranquilPET, which means, I will not distribute, copy, email, or use any other form of communication, or Instruction Manual to anyone, for the purpose of “sharing” the actual content of this Workshop with others who have not taken or participated in this Dog Relaxation Massage Workshop.

I agree to the above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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**Informed Consent –Dog Relaxation Massage Workshop**

I, \_\_\_\_\_, as a participant in this Dog Relaxation Massage Workshop, conducted by Jean Brusavich and *TranquilPET*, understand that I assume all risks and liabilities for the application and use of the gentle massage techniques demonstrated in this Dog Relaxation Massage Workshop by Jean Brusavich. I agree to release, indemnify, and hold Jean Brusavich and *TranquilPet* and Onnie Hull Photography, harmless for, from and against any and all such liabilities.

The Dog Relaxation Massage Workshop E-Book Manual and accompanying handouts are meant for my personal use and information only. I understand that (i) I will not become a “certified small animal massage therapist,” (ii) nor does this Workshop replace the need for proper veterinary care.

I understand that Jean Brusavich and *TranquilPet* do not diagnose illness or disease; nor do Jean Brusavich and *TranquilPet* prescribe medical treatment, pharmaceuticals, or perform spinal thrust manipulations. **All holistic modalities offered are not substitutes for proper veterinary care.** For all senior dogs and/or those dogs under a vet’s care, written veterinarian approval is required. (form attached)

I have stated all medical and behavioral issues that I am aware of and will update Jean of any changes in my animal’s health and/or behavior.

I am aware of and give my permission that, pictures and/or videos of me and/or my dog may be taken in this Dog Relaxation Massage Workshop and may be used by TranquilPET and Onnie Hull Photography in their website, newsletter, social media and marketing materials.

*I acknowledge that I have read and understand the List of Contraindications on TranquilPET’s website: [www.tranquilpet.com/animal-massage](http://www.tranquilpet.com/animal-massage) and have signed the signature page attached. If required, I have also received signed veterinarian approval.*

I certify that I have read this Informed Consent and I understand its content.

\_\_\_\_\_  
Pet Owner/Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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**CONTRAINDICATIONS TO MASSAGE\***  
(when massage is not recommended)

*My first concern is always for the health, safety and happiness of your pet. Therefore, I have asked you to read the List of Contraindications at TranquilPET’s website:*

[www.tranquilpet.com/animal-massage](http://www.tranquilpet.com/animal-massage).

The conditions set forth on the separate List of Contraindications to Massage are the most common contraindications for when massage would not be appropriate for a dog. There is no way to cover all of the contraindications for massage and it is mandatory that you talk to your Veterinarian to see if there is an existing condition where your dog should not take this workshop.

*I acknowledge that I have read and understand the List of Contraindications on TranquilPET’s website.*

\_\_\_\_\_ *I have discussed with my Veterinarian and have received his/her approval for my dog to participate in this Massage Workshop and written approval is attached*

\_\_\_\_\_ *I acknowledge that my dog does not have any contraindications to the best of my ability that would preclude my dog from participating in this Massage Workshop.*

\_\_\_\_\_ Pet Owner/Parent

\_\_\_\_\_ Date

\_\_\_\_\_ Print Name

\*Reiki may replace massage when any of the above contraindications are present. I/you do not have to “touch” your pet when offering Reiki. For more information about Reiki, go to [www.tranquilpet.com/Reiki](http://www.tranquilpet.com/Reiki).

**Live by this rule: If in doubt, contact your veterinarian.**

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**VETERINARIAN APPROVAL**

*TRANQUILPET requires written vet approval for all pets under veterinary care for a senior dog and/or a dog with a “current” medical condition to receive a massage or for the pet parent to participate in “Learn to Give Your Dog a Relaxation Massage.”*

Pet’s Name: \_\_\_\_\_

Pet Parent’s Name: \_\_\_\_\_

Pet Parent’s Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**To the Veterinarian:**

This is my approval for \_\_\_\_\_ to receive a massage or for pet parent to “Learn to Give Their Dog a Relaxation Massage.”

Is there anything we should watch for? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Veterinarian Signature:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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

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