

Pets Name: _____ Date of First Session: _____

MUTTS UNLEASHED



*Pet Massage & Aromatherapy
Pet Products & More*

Moorhead MN

Phone: 218-443-6432

E-mail: muttsunleashedmn@gmail.com

Facebook: www.facebook.com/muttsunleashedmn

CANINE MESSAGE INTAKE FORM

GUARDIAN INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Home Phone: _____

Cell Phone: _____

What is your preferred method of contact? Email Text Phone call

How did you hear about Mutts Unleashed Massage? Who may I thank for the referral?

CANINE PROFILE

Name: _____ Gender: _____

Spayed or Neutered? Yes No

Breed: _____

Pet Description: Color _____ Markings _____

Weight: _____ Birthday: _____

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

Has dog had a massage before? Yes No

Current training/disciplines:

Is your canine current with vaccinations? Yes (Please Provide a Copy to Mutts Unleashed)
If No you must get vaccinations before we can proceed with massage.

HEALTH HISTORY

Please include any Information about general health, current medications, past surgeries and accidents:

Please indicate any of the following conditions that your pet currently has:

- allergies arthritis/tendinitis neck/back injuries cancer sprains, strain
 abnormal skin condition heart problems joint surgery numbness diabetes
 major accidents recent injuries surgery (kind/date)

Sensitive areas: _____

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

Complaints:

Veterinarian: _____ Vet Practice: _____

Phone: _____

Policies and Procedures:

All vaccines must be up to date at time of appointment.

Pets should not eat within one (1) hour prior to appointment.

Please have a quiet area for your pet to relax and have his/her massage. Where you think your pet would be most comfortable would be the best place.

Any dog (or cat) with a history of aggressive behavior such as biting or attacking will not be eligible for massage therapy.

I reserve the right to stop your session and charge full session price if your dog puts me at risk from biting.

If for any other reason a session must be cut short (dog becomes touch intolerant, etc.) a 1/2 minimum rate will be charged.

Full payment is expected at time of treatment. Cash, checks, credit cards payments are accepted. Appointments are required.

Since this is a mobile service, if no one is home upon my arrival, a cancellation fee of \$20 will apply.

Rescheduling or canceling of appointments must be done 24 hours prior to appointment time. Cancellations less than 24 hours in advance will result in a \$20 fee.

I have a small table and mat as well as a large mat that will be used as needed.
I will supply all materials I need; even treats for after the session.

I sincerely believe in maintaining the highest level of customer service and expect you and your animal companion to have a joyful experience!!

WAIVER OF LIABILITY

I understand that Mutts Unleashed Massage Therapist is not a licensed veterinarian and does not diagnose, perform surgery, or prescribe medications. I also understand that massage therapy and energy work is not a replacement for proper veterinary care and that any injuries or diseases must be medically diagnosed and treated by a veterinarian.

I give permission for Mutts Unleashed Massage to work on my pet.

I further understand that a complete history is necessary for accurate treatment of any kind and that participation by the owner/handler is essential to achieving beneficial results.

I understand that Mutts Unleashed Massage is not responsible for any damages to others or to any property caused by my dog.

I understand that confidential information about my pet may be exchanged between Mutts Unleashed Massage and my veterinarian.

I understand and recognizes and acknowledges that injury and accidents can occur, and therefore as a condition of participation, agree to waive any and all claims against Mutts Unleashed .

Signature: _____ Date: _____

I understand that Aromatherapy may be used during Massage Session and allow Mutts Unleashed to do so. The following will be used: _____

Signature: _____ Date: _____