



New Client Information Sheet
Canine

Name: _____

Address: _____

Mailing address (if different): _____

Preferred phone number (please indicate if home, cell, work): _____

Email address: _____

Do you prefer to be contacted by **phone** or **email** ? (circle one)

Dog's name: _____

Breed: _____

Birth year (approx. if unknown): _____

Has your dog received a professional massage in the past? yes no

If so, by whom? (optional to answer) _____

Has your dog received other therapies, such as acupuncture or chiropractic treatment? yes no

If so, please specify: _____

Does your dog have any medical condition that may be relevant to receiving massage (e.g. problems affecting or causing pain to joints, muscles, or bones)? yes no

If yes, please specify: _____

****If you have answered yes to the above, or have any medical questions at all, it is strongly recommended you first consult your veterinarian to confirm that massage is appropriate and safe for your pet****

How did you hear about me? (optional) _____

New Client Information Sheet (continued) - Additional Pets

Dog's name: _____

Breed: _____

Birth year (approx. if unknown): _____

Has your dog received a professional massage in the past? yes no

If so, by whom? (optional to answer) _____

Has your dog received other therapies, such as acupuncture or chiropractic treatment? yes no

If so, please specify: _____

Does your dog have any medical condition that may be relevant to receiving massage (e.g. problems affecting or causing pain to joints, muscles, or bones)? yes no

If yes, please specify: _____

****If you have answered yes to the above, or have any medical questions at all, it is strongly recommended you first consult your veterinarian to confirm that massage is appropriate and safe for your dog****

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