



CLIENT IN-TAKE FORM

CUST. CODE: _____

Owner _____ Phone# _____ - _____ - _____

Address _____ City _____

State _____ Zip _____ E-Mail _____

Veterinarian _____ Vet Phone# _____ - _____ - _____

Pet's Name (Nickname) _____ Male _____ Female _____

Type of Pet - Dog _____ Cat _____ Other _____ Neutered/Spayed Yes _____ No _____

Breed _____ Age _____ Weight _____ lbs.

Last Full Physical Vet Visit (Month/Year) ____/____/____ Current Medical or Therapeutic Treatment - Yes _____ No _____

Medications _____

Vaccinations _____

Supplements _____

Diets/Treats _____

Activities _____

Owner's Concerns _____

Presenting Conditions/Personality _____

History (e.g., respiratory, allergy, structural issues, surgery, general health) _____

Has Pet Had Prior Therapeutic Massage? Yes _____ No _____ Pet's Response _____

Other Pets - _____

Waiver-Release

I have read the above information and find it to be correct to the best of my knowledge. I understand that any representative of Furry Friends Pet Massage is not a licensed veterinarian and does not diagnose, perform surgery or, prescribe medications. I also understand that muscle therapy is not a replacement for proper veterinary care and that any injuries or diseases must be medically diagnosed and treated by my veterinarian. I further understand that a complete history is necessary for complete services and that participation by the pet parent/handler is essential to achieving beneficial results. Further I understand that any Furry Friends Pet Massage, Inc., employee or affiliate acting on its' behalf is not responsible for any damages to others or to any property caused by my dog. I understand that payment is due in full at the time of treatment and that appointments not cancelled at least 24 hours in advance will be billed at the standard hourly fee. **Initial Here**

Pet Parent/Handler _____ Date ____/____/____