

Abundant Life Massage Canine Health History

Dog's Name: _____ DOB: _____ Sex: _____

Breed(s): _____ Color/Markings: _____

Companion's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Occupation: _____ Have you or your dog had massage before?: _____

If "yes" what was your experience like? _____

Veterinarian: _____ Phone: _____

Address: _____

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

Activities: _____

Medications/Supplements Being Taken: _____

Diet: _____ Stools: _____

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

- | | | |
|--|--|--|
| <input type="checkbox"/> allergies | <input type="checkbox"/> arthritis / tendinitis | <input type="checkbox"/> neck / back injuries |
| <input type="checkbox"/> cancer | <input type="checkbox"/> frequent urination | <input type="checkbox"/> abnormal skin condition |
| <input type="checkbox"/> heart problems | <input type="checkbox"/> joint surgery | <input type="checkbox"/> numbness |
| <input type="checkbox"/> major accident(s) | <input type="checkbox"/> diabetes | <input type="checkbox"/> recent injuries |
| <input type="checkbox"/> other (please list below) | <input type="checkbox"/> surgery (kind/date) _____ | |

Films/X-Rays: _____ Date: _____

Explain Any Health Conditions Your Dog is Experiencing : _____

(continued on next page)



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- ❗ **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 your dog current with their vaccinations?** Yes No

- ❗ **Is there anything else about your dog's health history that you think would be useful for the massage therapist to know?**

I understand that the massage my dog receives is provided for the basic purpose of relaxation and relief of muscular tension. I further understand that canine massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a veterinarian, canine chiropractor, or other qualified medical specialist if my pet exhibits any mental or physical ailments. Because massage should not be performed under certain medical conditions, I affirm that I have stated all of my pet's known medical conditions, including infectious diseases, and answered all questions honestly. I agree to keep the therapist updated as to any changes in the pet's medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

Companion's Signature: _____ **Date:** _____



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SOAP Notes

Dog's Name: _____ Date: _____

Companion's Name: _____ Treatment Length: _____

S: _____

O: _____

A: _____

P: _____



X = Pain
S = Stiffness
I = Inflammation

