



Animal Intake Form

Background Information:

Animals Name: _____ Weight: _____ Age: _____ Type: _____

Breed: _____ Sex: _____ Spayed/Neutered: _____

Responsible Person: _____

Address: _____

Telephone: Day: _____ Emergency Contact: _____

Veterinarian (Name and Number): _____

Living Conditions:

Where did you obtain your animal companion? _____

At what age? _____ Other animals in the home? _____ What Type _____

How many? _____ How do they relate to each other? _____

Does your animal companion live indoors or outdoors? _____

Current Medical Conditions:

Any current injuries? _____ Please explain: _____

Current medications? _____ Allergies? _____ Skin conditions? _____

Location of Pain/Discomfort _____

Reason for visit? _____

What are you looking to achieve? _____

Has companion received a massage before? _____ If yes, when and for what purpose? _____

Is the animal sensitive to touch/pressure? _____ If yes, where? _____

Any current/ or specific behavioral problems? _____ If yes, what? _____

Nutrition/Maintenance Schedule:

What do you feed your animal companion? _____

Exercise schedule: _____ Grooming schedule: _____

Date ears cleaned? _____ Date animals' nails were last trimmed? _____

Dental History:

Date of last teeth cleaning?? _____ Condition of teeth? _____

Describe breath odor: _____ Any dental procedures? _____

When? _____ Tooth extractions? _____ How many? _____

Medical History:

Any surgeries? _____ When? _____ What type? _____

Prior illnesses? _____ Prior medications? _____

Any history of epileptic seizures? _____ Hip dysplasia? _____

Elbow dysplasia? _____ Parasites? _____ What type? _____

Immunizations? _____ What type? _____

Travel History:

Has the animal ever traveled out of the country or state? _____ If yes, when and where ? _____

Other:

Is there anything else that I should know about your animal companion?

Is there anything that the animal likes or dislikes in terms of touch, food, toys, noise etc...?

Has the animal been in any fights where they have been injured _____

Can I give the animal treats? _____

MESSAGE DOES NOT TAKE THE PLACE OF PROPER VETERINARY CARE FROM A DOCTOR OF VETERINARY MEDICINE. PLEASE CONTACT YOUR LOCAL VETERINARIAN FOR ANY PERSISTENT PROBLEMS BOTHERING YOUR ANIMAL COMPANION.

Signed: _____ **Date:** _____