



Massage Patient Evaluation

To better serve you and your pet, please fill out this patient evaluation and return it to our office prior to your appointment. This will help our massage therapist to understand your pet's lifestyle and your interest in our services. We look forward to seeing you soon.

Client Name: _____ Pet's Name: _____

Breed: _____ Sex: _____ Spayed/Neutered? _____

Date of Birth/Age: _____ Is your pet up to date on rabies? _____

Is your pet currently in good health? _____

*Primary Veterinarian and Clinic: _____

Does your pet do well with others or do they need assistance? We are always understanding when it comes to behavior, but please let us know if there are any safety concerns we should be aware of ahead of time.

1.) Does your pet have any medical concerns? If so, please list them:

2.) Are you noticing any areas of stiffness or pain? If so, where? _____

3.) What is your goal for your pet's massage today? _____

4.) What is your pet's life style like? Are they a family pet? Working dog? Performance animal?

5.) How did you hear about our facility? _____

*We do require all patients to have written permission from their primary veterinarian to receive massage services. All patients must be up to date on rabies vaccine. By signing below you are acknowledging that the information provided is accurate and up to date.

Owner Signature _____ Date _____

Please return this form to CCRehab@Yahoo.com