



SpryDog Massage

OWNER INFORMATION AND MEDICAL HISTORY

Owner Information:

Name: Last _____ First: _____

Address: _____

Phone: _____ Email: _____

Pet Information:

Name: _____ Breed: _____

Age or Date of Birth _____ Color: _____

Gender: _____ Spayed/Neutered

Has this pet suffered any trauma injury? _____ If yes, please explain: _____

Has this pet been diagnosed with hip dysplasia or any other orthopedic issues, such as Cruciate ligament tears, Lyme disease, or disk disease? _____ If yes, please explain

Is this pet taking medications? If so, please list and explain why prescribed _____

Is there any part of the body that your pet objects to having touched (such as feet, face, tail, etc)

Is there any other information that would be important for me to know about your pet? _____

