



HUSH PUPPY

Canine Massage

Pet Parent _____
Address _____
City _____
State _____ Zip _____
Veterinarian _____

Home Phone _____
Business Phone _____
Cell Phone _____
Email _____
Vet Phone _____

Pet's Name _____
Registered Name _____
Breed _____ Age _____ Weight _____

Male Female
 Neutered Spayed
How long with Pet Parent _____
Other pets _____

Medications _____

Vaccinations _____

Diet/Treats _____

Supplements _____

Activities _____

Present Conditions/Personality _____

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

I have read the above information and find it to be correct to the best of my knowledge. Injuries or diseases must be medically diagnosed and treated by my veterinarian. I understand that any representative of Hush Puppy Canine Massage, LLC. 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 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 student or affiliate of Hush Puppy Canine Massage, LLC. is not responsible for any damages to others or to any property caused by my dog. Unless used for educational purposes, 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 half the standard fee.

I give permission to photograph my pet and to use the photo(s) on Hush Puppy Canine Massage's website and elsewhere for advertising, and any other lawful purposes.

Pet Parent/Handler _____

Date _____