



HUSH PUPPY

Canine Massage

Pet Parent _____

Address _____

City _____

State _____ Zip _____

Veterinarian _____

Pet's Name _____

Registered Name _____

Breed _____ Age ____ Weight _____

Home Phone (____) _____

Business Phone (____) _____

Cell Phone (____) _____

Email _____

Dr. Phone (____) _____

Male Female Neutered Spayed

How long with Pet Parent _____

Other Pets _____

Medications _____

Vaccinations _____

Diet/Treats _____

Supplements _____

Activities _____

Presenting 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 HushPuppy 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 that 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 HushPuppy 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 my websites and elsewhere for advertising, and any other lawful purposes.

Pet Parent/Handler _____ Date _____