



Dog's Name _____ Dog's Age _____ Breed _____
Your Name _____
Street Address _____
City _____ State _____ Zip _____
Telephone Number _____ E-Mail _____

VETERINARIAN INFORMATION

Regular Vet _____	Telephone # _____
Orthopedic Vet _____	Telephone # _____
Chiropractor _____	Telephone # _____
Acupuncturist _____	Telephone # _____
Other _____	Telephone # _____
Other _____	Telephone # _____

Has your dog had a recent injury? YES NO (If Yes, please describe below)

Has your dog had recent surgery? YES NO When? _____ By Whom? _____
Please describe your understanding of the surgery, what side it was performed on, etc...

Please describe and list the dates of any other/older past injuries and surgeries.

How are you hoping that your dog will benefit from spa therapy?

Does your dog have any problems with bowel/bladder control? YES NO (If YES, Please Explain)

Please describe your beliefs about vaccinations and your vaccination schedule.

Please list methods, if any, that you use for flea control on your pet and at home.

Please describe your dog's home environment (Where/How does he spend the day? The night?)

Do you have any children? YES NO What are their ages? _____

Do you have any other dogs? YES NO If yes, What are their breeds and ages?

Name	Breed	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please describe your dog's relationship with water.

Does your dog enjoy swimming after toys? YES NO If yes, what type? _____

Does your dog enjoy being held and massaged? YES NO Comments about that? _____

Please describe any emotional components of your canine friend that you would like me to be aware of so that I can better honor his/her boundaries and help him/her to be as comfortable and confident as possible during our sessions together.
