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## Intake & Client Information

Please fill out this form as completely as possible. If you have any questions, please contact me. Thank you!

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Owner Information | | | | | |
| Name |  | | Client ID# | |  |
| Address |  | | | | |
| Home Phone |  | | Cell Phone |  | |
| Email |  | | | | |
|  | |  | | | |
| How did you hear about us? | |  | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Critter Information | | | | | | | | |
| Name |  | | | Breed(s) | |  | | |
| Age |  | Spayed or Neutered? | | | | | YES NO | |
| Medical History & Activity Level |  | | | | | | | |
| Medications & Supplements |  | | | | | | | |
| Issues to Address during service |  | | | | | | | |
| Vet Name |  | | Phone | |  | | | Can I contact? Y N |

Payments – Payment is expected at time of treatment. Cash and checks are accepted.

Reservations required – timely cancellations appreciated. Since this is a mobile service, if no one is home upon my arrival, a cancellation fee of $20 will apply.

Disclaimer – I understand the massage is not a replacement for veterinary care. That massage practitioners cannot diagnose or treat illness. That massage practitioners are unable to provide a prognosis or guarantee a cure. Massage is not advised in some cases such a high fever, certain heart conditions, for an animal receiving chemotherapy or is suffering from an advanced conditions of the immune or lymphatic system.

Please indicate if you will allow permission for Peaceful Paws Massage to photograph or film your pet. Only the pet’s name will be posted. Yes\_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_