



www.therightspotpetmassage.com

Pet Health Intake Form

Date: _____ Pet Name: _____ Age: _____

Breed: _____ Sex: ___ M ___ F Weight: _____

Client Name: _____

Address: _____

City/State/Zip: _____

Best Phone: _____ Alternate Phone: _____

Email: _____

Vet Name & Location: _____

Referred by: _____



Pet Health History: _____

Meds/Special Needs: _____

Main Concerns/Goals for Massage: _____

Anything Else You'd Like to Share: _____

Thanks so much for bringing your beloved companion to The Right Spot Pet Massage!

Pet massage is not a replacement for Veterinary care, but is a complement to it.