

Heart, Mind and Tail

Information and Canine Medical History Form

Owner Information

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Canine Information

Name: _____

Breed: _____

Age or Date of Birth: _____ Color: _____

Gender: _____ Spayed/Neutered: _____

Canine Medical History

Has this dog been hit by a car or suffered any other trauma or injury? If yes, please provide details of injury: _____

Has this dog been diagnosed with hip dysplasia? _____

Is this dog currently taking any medications? If yes, please provide list of meds and explain what they are for: _____

Has this dog had any other orthopedic problems (cruciate ligament tears, Lyme disease, disk disease, OCD lesions, panosteitis, etc). If yes, please explain: _____

Is there any part of the body that your dog objects to having touched? _____

Is there any other information that would be important for me to know about this dog? Use additional page, if necessary. _____

Lesley Bracker, Certified Animal Massage Therapist
PO Box 5, Hartland Four Corners, VT 05049
802-674-9460