



Pet Parent: _____ **Phone:** _____ **text ok Y/N**

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____ **Permission to share photos on social media Y / N**

Pets Veterinarian: _____ **Phone:** _____

Pet Name: _____ **Male/Female** **Spayed/Neutered**

Breed: _____ **DOB:** _____ **Weight:** _____ **Color:** _____

Activity Level: **Cowabunga (High)** **Hang Loose (Med)** **Chillin' (Low)**

Pups favorite Activities: _____

Medications/Supplements: _____

Vaccines Current Y/N

Pre-existing conditions or diagnoses (past surgeries, allergies, injuries, cancer, lumps etc)

Has your pup had a massage before? _____

Reason for seeking care: _____

What would you like to achieve or expect out of these sessions? _____

Any specific behavior issues: _____



San Clemente, Ca



949-550-7700



muttsandmuscles@outlook.com



Massage is not intended to diagnose, treat or cure any specific illness or condition and should only be used as a compliment to proper Veterinary care. Massage may provide support and encourage the body into its most optimal state of health. No practice of veterinary medicine is provided by Mutts and Muscles and we operate in full compliance with all California laws and regulations.

I am allowing my companion canine to receive massage therapy. I understand that massage is not a substitute for medical treatment or medications, and that it is recommended that I work with my veterinarian for any medical conditions that my canine may have. I understand that any of the massage sessions are for the purpose of stress reduction, relief from muscular tension, general relaxation and improvement of circulation and range of motion. I understand that the massage therapist cannot diagnose illness or disease and cannot prescribe medications. I understand that any information provided by the massage therapist is for educational purposes only, and is not diagnostically prescriptive in nature. I have informed the massage therapist of all my canine's known physical conditions, limitations, medical conditions and medications. It is my responsibility to update this information with the therapist and contact my veterinarian if my canine's physical conditions, limitations, medical conditions or medications should have changed. By signing this release, I hereby waive and release the massage therapist listed below and Mutts and Muscles from any and all liability, past, present, and future, relating to massage and bodywork.

Massage Therapist: Tracey Bouman CMFT, Vet Tech

Signature: _____

Date: _____



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