

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

**“Day Six” Animal Massage & Acupressure  
Health History Intake Form**

**Animals Name:** \_\_\_\_\_ Type: Canine/Equine/Other: \_\_\_\_\_

DOB/Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered (*circle one*) Weight: \_\_\_\_\_

Breed(s): \_\_\_\_\_ Color/Markings: \_\_\_\_\_

**Guardian Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Years with current guardian: \_\_\_\_\_ Previous Home: \_\_\_\_\_

\*The Practitioner reserves the right to contact your veterinarian with any questions about your animal(s)

**Veterinarian:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Level of Daily Activity** (Please circle one): High Medium Low

Describe Activities: \_\_\_\_\_

**Medications/Supplements Being Taken:** \_\_\_\_\_

**Current Pain Management Protocol:** \_\_\_\_\_

**Diet:** \_\_\_\_\_ **Appetite:** \_\_\_\_\_

**Vomiting:** \_\_\_\_\_ **Stools:** \_\_\_\_\_ **Hydration:** \_\_\_\_\_ **Respiration:** \_\_\_\_\_

**Please indicate any of the following conditions that your Animal has experienced (*please date*):**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> allergies                 | <input type="checkbox"/> arthritis / tendinitis | <input type="checkbox"/> neck / back injuries    |
| <input type="checkbox"/> cancer                    | <input type="checkbox"/> frequent urination     | <input type="checkbox"/> abnormal skin condition |
| <input type="checkbox"/> heart problems            | <input type="checkbox"/> joint surgery          | <input type="checkbox"/> numbness                |
| <input type="checkbox"/> major accident(s)         | <input type="checkbox"/> diabetes               | <input type="checkbox"/> recent injuries         |
| <input type="checkbox"/> other (please list below) | <input type="checkbox"/> surgery (kind/date)    | _____  |

X-Rays: \_\_\_\_\_ Illness: \_\_\_\_\_ Injury: \_\_\_\_\_

**Explain Any Health Conditions Your Animal is Experiencing:** \_\_\_\_\_

**As the owner, do you feel your animal is currently under stress?** Yes No

If yes, please explain: \_\_\_\_\_

**Is there anything else about your animal’s health history that you think would be useful for the massage therapist to know?**

**Guardians Goals & Objectives:** \_\_\_\_\_

**Referred By:** \_\_\_\_\_

