



paws4paws
Strong Happy Healthy Dogs

Client Intake Form

DOG'S NAME		DATE
OWNER'S NAME		
ADDRESS		
PHONE	EMAIL	
Dog's Birthday D/M/Y		BREED
SEX	MALE	FEMALE
DESEXED	YES	NO
		If yes, what age?
How did you find out about our services?		
Were you referred to Paws4Paws?		YES NO
		If yes by whom?
What is your dog's activity level? (low; med; high)		
WALKING RESTRAINT USED (collar; harness; halti)		
TRAINING REGIME/ EXERCISE (how often walked? How long? Any other training regime? Socialising?)		
HOUSING (sleeps inside/outside; type of bedding; kennel; floor; couch; bed etc)		
DIET/ NUTRITION (dry food; wet food; raw feeding; combination?)		
VET NAME AND ADDRESS		
LAST VISIT TO VET		
CURRENT MEDICATION administered		
Please tell us the reason for engaging Paws4Paws		

MEDICAL HISTORY

Please tell us about any injuries and/or medical conditions your dog has had in the past and/or currently has (i.e. arthritis; hip/shoulder/elbow dysplasia; spondylosis, lumbosacral disease, IVDD, cruciate ligament injury, tendonitis; muscle strain, etc)

Does your dog have any difficulties lying on their front, back or side? Does your dog have difficulties/is reluctant/hesitant to jump in/out of a car, or climb/descend stairs? If so, please provide further detail

Has your dog's behaviour changed in any way (i.e. less social; less playful; anti-social; aggressive; lethargic). If so, please provide further detail

Is there any particular area where you think your dog is experiencing stiffness; tension; discomfort or pain? If so, please provide further detail

Do you feel your dog is currently under stress? If so, please provide further detail

Is there anything else about your dog's health and/or behaviour that would be useful for our therapist to know?

CLIENT'S CONSENT

I understand that Canine Myotherapy provided by Paws4Paws is the assessment, treatment and rehabilitation of musculoskeletal pain and associated conditions. The general benefits, possible contraindications and the treatment procedure have been explained to me. I am aware that Paws4Paws does not diagnose illness or disease and does not prescribe medication. I have informed Paws4Paws of all known physical and medical conditions of my dog, as well as any medication administered (including herbal remedies and supplements), and will keep Paws4Paws updated on any changes that occur.

CLIENT'S SIGNATURE _____ DATE _____

If you don't have a digital signature please type your name as your consent below:

Alternative client consent

CANCELLATION POLICY

If cancellation is necessary, we require that you call at least 24h in advance. Any cancellation or reschedule made less than 24h in advance will result in a cancellation fee of \$60.