

4-Legged Holistic | Client Intake Form

1. Client Information

- Full Name
- Phone Number
- Email Address
- Address (City/Town is usually sufficient)
- Preferred Method of Contact: Phone Text Email

2. Animal Information

(Repeatable section for multiple animals)

- Animal Name:
- Species: Canine Equine
- Breed:
- Age / Date of Birth:
- Sex: Male Female Neutered Spayed
- Color / Markings:
- Weight (approximate):
- Temperament: Calm Anxious Nervous Reactive Friendly
- Has your animal received massage before? Yes No

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3. Health & Lifestyle Information

Please check all that apply and provide details where necessary.

- Current Health Concerns or Diagnoses
- Past Injuries or Surgeries (include dates if known)
- Chronic Conditions (arthritis, allergies, mobility issues, etc.)
- Medications or Supplements Currently Being Used

Activity Level: Low Moderate High

Typical Daily Activities (work, exercise, training, turnout, etc.):

4. Veterinary Information

- Name of Veterinary Clinic:
- Veterinarian's Name:
- Clinic Phone Number:
- Date of Last Veterinary Visit:
- Reason for Last Visit:
- Has your vet approved massage therapy? Yes No Not Yet

Note: Massage therapy is not a substitute for veterinary care.

5. Current Issues / Goals for Massage

- Primary Reason for Booking
 - Injury Recovery
 - Performance Support
 - Mobility / Aging
 - Stress / Anxiety
 - Maintenance / Wellness
- Areas of Concern (describe symptoms, stiffness, sensitivity, behaviour changes, etc.)
- When did these issues begin?
- What outcome are you hoping to achieve with massage therapy?

6. Competitive / Performance Animal Information

- Is your animal involved in competitive sports or performance work? Yes No

If yes, please specify:

- Type of Sport or Discipline:
- Frequency of Training or Competition:
- Upcoming Events or Shows:
- Any performance-related concerns?

7. Safety & Handling Information

- Is your animal comfortable being touched all over their body? Yes No
- Are there any areas they do NOT like being touched?
- History of biting, kicking, or defensive behaviour? Yes No (If yes, please explain)
- For equine clients:
 - Safe tying or holding requirements:
 - Any barn-specific rules or expectations?

8. How Did You Hear About 4-Legged Holistic?

- Veterinary Referral
- Friend / Word of Mouth
- Social Media
- Google / Website
- Event / Show
- Other: _____

9. Cancellation & Booking Policy

Please review and acknowledge the following:

- 24–48 hours notice required for cancellations or rescheduling
- Late cancellations or no-shows may be subject to a fee
- Sessions are non-transferable unless approved in advance
- Payment terms (due at time of service, e-transfer, etc.)
- I have read and agree to the Cancellation & Booking Policy

10. Emergency Contact Section

Emergency Contact Name: _____

Phone Number: _____

11. Media Consent

- I give permission for photos/videos of my animal to be used for educational or marketing purposes
- I do NOT give permission

12. Vet Communication Authorization (Optional)

- I authorize 4-Legged Holistic to communicate with my veterinarian if needed regarding my animal's care

13. Pre-Session Preparation Notes

Please ensure your animal is clean, reasonably calm, and exercised appropriately prior to the session.

10. Consent & Acknowledgement

- I understand that animal massage therapy is not a veterinary service and does not diagnose, treat, or cure disease.
- I confirm that the information provided is accurate to the best of my knowledge.
- I consent to massage therapy services being provided to my animal by 4-Legged Holistic.

Client Signature: _____

Date: _____