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Canine Intake Form

OWNER INFORMATION

Name: _____ Date: _____

Phone: _____ Email: _____

Address: _____

DOG INFORMATION

Name: _____ DOB: _____ Age: _____ Sex: _____

Breed: _____ Daily Activity: High Medium Low

Veterinarian: _____

Has your dog been massaged before? YES NO

If yes, please indicate experience: _____

List any medical diagnoses and care routine indicated by veterinarian: _____

List any current medications, supplements and vitamins: _____

Areas of discomfort or pain: _____

Goals for your dog: _____

Waiver Form

I have answered the above information to the best of my knowledge.

I understand that should any of the above information change, I will notify and inform the massage therapist.

I understand that canine massage therapy is NOT a replacement for proper veterinary care.

I understand that the massage therapist is not allowed to diagnose conditions or prescribe medications/supplements for my canine.

I understand that I will give at least 24 hours notice before cancelling an appointment.

I understand that appointments missed or cancelled without sufficient notice will be charged 50% of the cost of treatment.

I consent to the use of photos/videos for monitoring the progress of my canine and promotional material.

I understand that by signing this release, I hereby waive and release the massage therapist from any and all liability, past, present and future relating to massage therapy.

Signature: _____ Date: _____

Print Name: _____