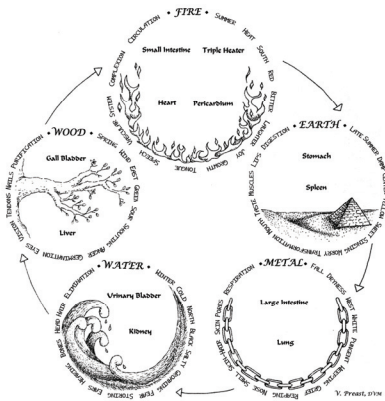


# Pet Personality & Clinical Signs

Owner Information			
<b>Name</b>		<b>Telephone</b>	<b>Email</b>
<b>Address</b>			
Animal Information		Name	Species
<b>Sex</b>	<input type="checkbox"/> Intact	<b>Age</b>	<b>Weight</b>
<b>Current Medication</b>			
<b>Major Complaints</b>			
<b>Current Diet/Food</b>			



Fire	
Normals	Abnormals
<input type="checkbox"/> lively <input type="checkbox"/> communicative <input type="checkbox"/> very friendly <input type="checkbox"/> affectionate <input type="checkbox"/> loves to be petted <input type="checkbox"/> center of the party	<input type="checkbox"/> insomnia <input type="checkbox"/> separation anxiety <input type="checkbox"/> restless <input type="checkbox"/> excess heat <input type="checkbox"/> rapid heart rate <input type="checkbox"/> heart problems



Wood	
Normals	Abnormals
<input type="checkbox"/> decisive <input type="checkbox"/> assertive <input type="checkbox"/> confident <input type="checkbox"/> strong <input type="checkbox"/> impulsive <input type="checkbox"/> athletic-stamina <input type="checkbox"/> alpha animal	<input type="checkbox"/> ligament problems <input type="checkbox"/> liver problems <input type="checkbox"/> red eyes <input type="checkbox"/> angers easily <input type="checkbox"/> ear problems <input type="checkbox"/> nail problems <input type="checkbox"/> footpad problems <input type="checkbox"/> anal sac issues

Earth	
Normals	Abnormals
<input type="checkbox"/> relaxed, laid back <input type="checkbox"/> sociable <input type="checkbox"/> round and large <input type="checkbox"/> loyal <input type="checkbox"/> serene and balanced <input type="checkbox"/> cares for others (motherly)	<input type="checkbox"/> diarrhea <input type="checkbox"/> constipation <input type="checkbox"/> loss of appetite <input type="checkbox"/> vomits <input type="checkbox"/> gum disease <input type="checkbox"/> weak muscles <input type="checkbox"/> overeats-obese <input type="checkbox"/> worries

Water	
Normals	Abnormals
<input type="checkbox"/> careful <input type="checkbox"/> curious <input type="checkbox"/> self contained <input type="checkbox"/> likes to hide <input type="checkbox"/> meditative <input type="checkbox"/> slow and consistent	<input type="checkbox"/> rear weakness <input type="checkbox"/> fearful <input type="checkbox"/> bone and back issues <input type="checkbox"/> urinary problems <input type="checkbox"/> disturbed growth <input type="checkbox"/> deafness <input type="checkbox"/> reproductive problems

Metal	
Normals	Abnormals
<input type="checkbox"/> loves order <input type="checkbox"/> obeys the rules <input type="checkbox"/> aloof <input type="checkbox"/> symmetrical body <input type="checkbox"/> disciplined attitude <input type="checkbox"/> good haircoat	<input type="checkbox"/> asthma <input type="checkbox"/> dry skin <input type="checkbox"/> sinus problems <input type="checkbox"/> breathing disorder <input type="checkbox"/> nose problems <input type="checkbox"/> cough

# Animal Massage Intake Form

## **Background Information:**

Animals Name: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_  
Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_  
Responsible Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
Veterinarian (Name and Number): \_\_\_\_\_

## **Living Conditions:**

Where did you obtain your animal companion? \_\_\_\_\_  
At what age? \_\_\_\_\_  
Other animal companions in the home? \_\_\_\_\_ Type? \_\_\_\_\_ How many? \_\_\_\_\_  
How do they relate to each other? \_\_\_\_\_  
Does your animal companion live indoors or outdoors? \_\_\_\_\_

## **Current Medical Conditions:**

Any current injuries? \_\_\_\_\_ Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Current medications? \_\_\_\_\_  
Allergies? \_\_\_\_\_  
Skin conditions? \_\_\_\_\_  
Current symptoms? \_\_\_\_\_  
Location of pain/discomfort? \_\_\_\_\_  
\_\_\_\_\_  
Reason for visit? \_\_\_\_\_  
\_\_\_\_\_  
What are you looking to achieve? \_\_\_\_\_  
\_\_\_\_\_  
Has your animal companion received a massage before? \_\_\_\_\_  
If yes, when and for what purpose? \_\_\_\_\_  
Is the animal sensitive to touch/pressure? \_\_\_\_\_ If yes, where? \_\_\_\_\_  
\_\_\_\_\_  
Any current/specific behavioral problems? \_\_\_\_\_ If yes, what? \_\_\_\_\_  
\_\_\_\_\_  
Any history of aggression? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

# Animal Massage Intake Form

## **Nutrition:**

What do you feed your animal companion? \_\_\_\_\_

Feeding schedule? \_\_\_\_\_

Last time animal ate? \_\_\_\_\_

## **Maintenance Schedule:**

Exercise schedule: \_\_\_\_\_

Grooming schedule: \_\_\_\_\_

Date animal's ears last checked? \_\_\_\_\_ Date ears cleaned? \_\_\_\_\_

Date animal's nails were last trimmed? \_\_\_\_\_ Last fecal check? \_\_\_\_\_

## **Dental History:**

Date of last teeth cleaning? \_\_\_\_\_ Condition of teeth? \_\_\_\_\_

Describe breath odor: \_\_\_\_\_

Any dental procedures? \_\_\_\_\_ When? \_\_\_\_\_ What? \_\_\_\_\_

Tooth extractions? \_\_\_\_\_ How many? \_\_\_\_\_ Date? \_\_\_\_\_

## **Medical History:**

Any surgeries? \_\_\_\_\_ When? \_\_\_\_\_ What type? \_\_\_\_\_

Prior illnesses? \_\_\_\_\_

Prior medications? \_\_\_\_\_

Any history of epileptic seizures? \_\_\_\_\_ Hip dysplasia? \_\_\_\_\_

Elbow dysplasia? \_\_\_\_\_ Parasites? \_\_\_\_\_ What type? \_\_\_\_\_

Immunizations? \_\_\_\_\_ What type? \_\_\_\_\_

## **Breeding History:**

Date animal was last studded/bred? \_\_\_\_\_ Any pregnancies? \_\_\_\_\_

If yes, when? \_\_\_\_\_ Any miscarriages? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Any pregnancy or birthing complications? \_\_\_\_\_

Date of last estrus cycle? \_\_\_\_\_

## **Travel History:**

Has the animal ever traveled out of the country or state? \_\_\_\_\_

If yes, when and where: \_\_\_\_\_

## Animal Massage Intake Form

Is there anything else that I should know about your animal companion? \_\_\_\_\_

\_\_\_\_\_

Is there anything that the animal likes or dislikes in terms of touch, food, toys, noise etc...? \_\_\_\_\_

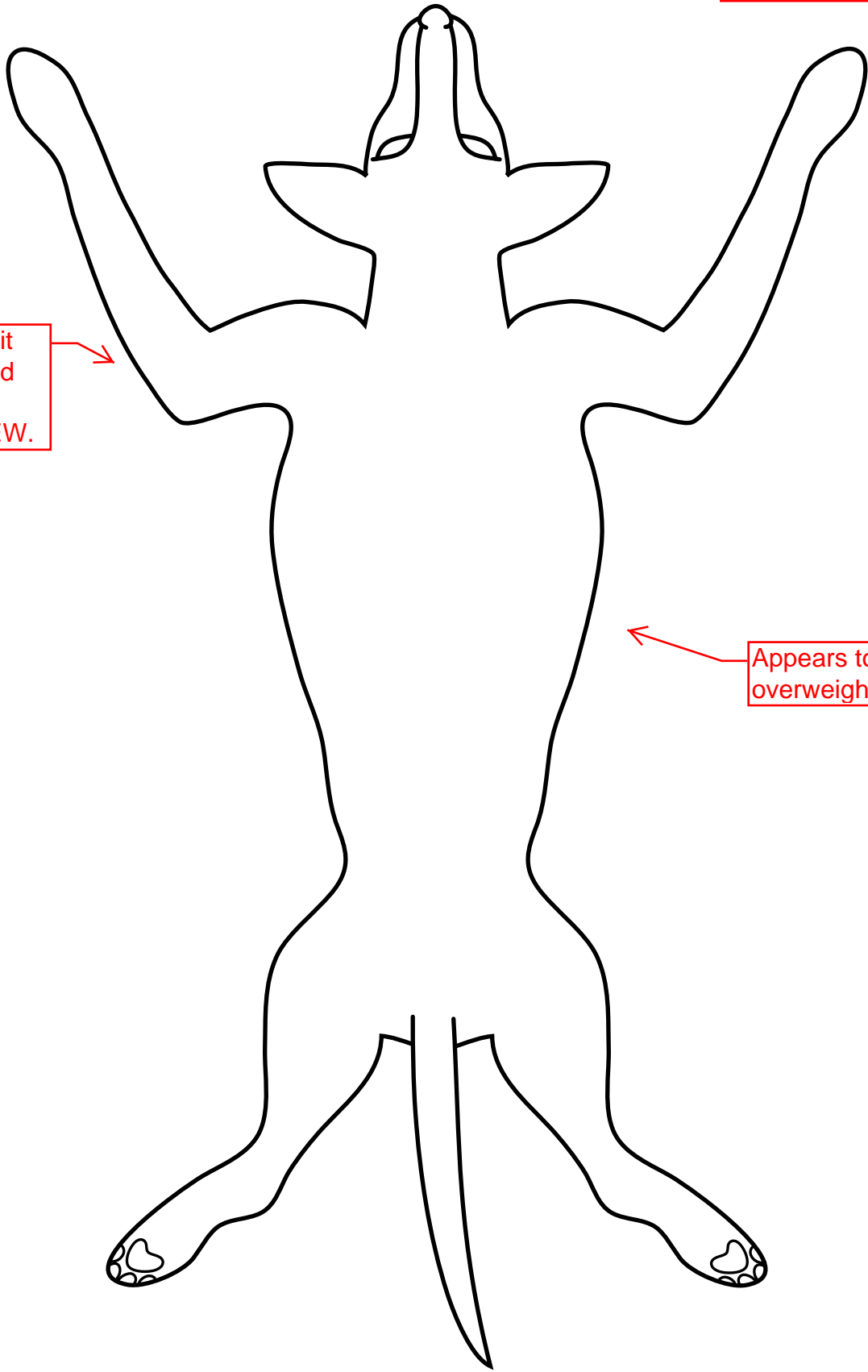
Has the animal been in any fights where they have been injured? \_\_\_\_\_

Can I give the animal treats? \_\_\_\_\_

**MESSAGE DOES NOT TAKE THE PLACE OF PROPER VETERINARY CARE FROM A DOCTOR OF VETERINARY MEDICINE. PLEASE CONTACT YOUR LOCAL VETERINARIAN FOR ANY PERSISTENT PROBLEMS BOTHERING YOUR ANIMAL COMPANION.**

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

Sierra (King), 7y/o, F



Eval: During gait analysis, noticed Sierra paces. Otherwise MAEW.

Appears to be overweight.

*Dorsal*

# SOAP Charting Form

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Conditions and changes from last session: \_\_\_\_\_

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Information from physical assessment, palpation, gait analysis, range of motion tests: \_\_\_\_\_

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Goals worked on in this session: \_\_\_\_\_

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What was done this session: \_\_\_\_\_

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What worked, what didn't work: \_\_\_\_\_

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---

Plan for next session, client homework, what next massage will assess: \_\_\_\_\_

---

---

Client Comments: \_\_\_\_\_

---

Time in: \_\_\_\_\_ Time out: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# SOAP Charting Form

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Conditions and changes from last session: \_\_\_\_\_

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---

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Information from physical assessment, palpation, gait analysis, range of motion tests: \_\_\_\_\_

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Goals worked on in this session: \_\_\_\_\_

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What was done this session: \_\_\_\_\_

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What worked, what didn't work: \_\_\_\_\_

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Plan for next session, client homework, what next massage will assess: \_\_\_\_\_

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Client Comments: \_\_\_\_\_

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Time in: \_\_\_\_\_ Time out: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# SOAP Charting Form

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Conditions and changes from last session: \_\_\_\_\_

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---

Information from physical assessment, palpation, gait analysis, range of motion tests: \_\_\_\_\_

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Goals worked on in this session: \_\_\_\_\_

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What was done this session: \_\_\_\_\_

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What worked, what didn't work: \_\_\_\_\_

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---

Plan for next session, client homework, what next massage will assess: \_\_\_\_\_

---

---

Client Comments: \_\_\_\_\_

---

Time in: \_\_\_\_\_ Time out: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Animal Massage Treatment Plan

Client Name: \_\_\_\_\_

Choose One: Original Plan      Reassessment date \_\_\_\_\_

Short term client goals:

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Long term client goals:

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1) Frequency   2. Length)   3.) Duration of visits:

1.) \_\_\_\_\_ 2.) \_\_\_\_\_ 3.) \_\_\_\_\_

Progress Measurements to be used. (example: pain scale, range of motion, increased ability to perform function)

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Dates of reassessment:

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Categories of massage methods to be used:

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Client Signature: \_\_\_\_\_ Therapist Signature \_\_\_\_\_

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

# Animal Massage Treatment Plan

Client Name: \_\_\_\_\_

Choose One: Original Plan      Reassessment date \_\_\_\_\_

Short term client goals:

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Long term client goals:

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1) Frequency   2. Length)   3.) Duration of visits:

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Dates of reassessment:

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Categories of massage methods to be used:

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Client Signature: \_\_\_\_\_ Therapist Signature \_\_\_\_\_

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

# Animal Massage Treatment Plan

Client Name: \_\_\_\_\_

Choose One: Original Plan      Reassessment date \_\_\_\_\_

Short term client goals:

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Long term client goals:

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1) Frequency   2. Length)   3.) Duration of visits:

1.) \_\_\_\_\_ 2.) \_\_\_\_\_ 3.) \_\_\_\_\_

Progress Measurements to be used. (example: pain scale, range of motion, increased ability to perform function)

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---

Dates of reassessment:

---

Categories of massage methods to be used:

---

---

Client Signature: \_\_\_\_\_ Therapist Signature \_\_\_\_\_

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

Sierra (King) 7y/o F

Eval: During gait analysis, noticed Sierra pacing. Otherwise MAEW.

Appears to be overweight.

*Ventral*

