



Saintly Touch Inc.

Claire McLaughlin
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Client Information

Name:

Address:

City:

State: WA

Zip:

Home Phone:

Email:

Cell Phone:

Preferred contact:

Pet Information

Name:

Breed:

Birthday:

Age:

M/F

Fixed:

Weight:

Name:

Breed:

Birthday:

Age:

M/F

Fixed:

Weight:

Medical Information

Veterinarian(s): Dr.

Chiropractor / Acupuncturist: Dr.

Medications / Supplements:

Medical Conditions and History:

How are you hoping hydrotherapy will benefit your dog?

Has your dog had any injuries?

Allergies:

Does your dog have bowel/bladder control issues?

Vaccinations and/or Titters current?

Do you do flea and tick treatment?

Does your dog enjoy massage or general touch?

Does your dog enjoy water and/or swimming?

Please describe your dogs home environment.

Describe your dogs personality.

Describe your dogs diet?

Referral by:

Signature:

Date:
