

Perpetual Motion Animal Massage Owner/Patient Information



Please fill out all fields below as completely as possible. This form will be kept with the patient's records and updated annually or as needed.

Date: _____

OWNER CONTACT INFORMATION

Owner Name: _____

Address: _____

Phone: _____

Email: _____

Owner Parent/Legal Guardian (if minor): _____

Parent/Legal Guardian Phone: _____

Referred by: _____

Referrer's Address/Phone: _____

*Note: Referrers receive a discount on their next session with Perpetual Motion Animal Massage. If you do not know the address for the person that referred you, please provide their phone number so they can be contacted to receive their discount.

PATIENT INFORMATION

Patient Name: _____

Age or DOB: _____

Species: _____

Breed: _____

Diet: _____

Discipline/Job: _____

History/Current Condition or Concerns: _____

Has this patient had any major injuries or illnesses? YES NO

If yes, please describe the injury/illness and note when it occurred (please list all):

Perpetual Motion Animal Massage, LLC

April Austin, LAMP

360-322-7578

<https://pmam.massagetherapy.com>

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pmam@massagetherapy.com

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Has this patient healed completely from the above listed injury/illness? YES NO

If no, please describe what symptom(s) the patient still has (please list all):

Does this patient have any ongoing health or conformation issues? YES NO

If yes, please describe:

Veterinarian: _____

Phone: _____

Farrier: _____

Phone: _____

May this patient's veterinarian/farrier be contacted for information regarding previous injuries/illness or current/ongoing issues? YES NO

If yes, please make sure you contact your veterinarian/farrier to ensure records and history can be accessed by Perpetual Motion Animal Massage (PMAM).

NOTE: PMAM respects owner/patient privacy and will not share record information with anyone without owner authorization.

Please list any other providers, trainers, person/person(s) authorized to receive patient or session information:

In signing this document, I confirm that I am the Owner of the Patient indicated on this form and that the above information is complete and correct to the best of my knowledge. (If Owner is a minor, please have Parent/Legal Guardian sign also.)

Owner Signature: _____ Date: _____

Owner Printed Name: _____

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Printed Name: _____

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