



HANDS to PAWS
SMALL ANIMAL MASSAGE

JENNIFER STREIT
LMP, SAMP, LLC

206.938.8539 P. 206.579.7572 C.

Date_____

HANDS TO PAWS HEALTH HISTORY
5446 49th Avenue SW
Seattle, WA 98136
(206) 938-8539
Cell: 206-579-7572
www.HandsToPawsAnimalMassage.com

Guardian & Partner's names:_____

Home Phone #:_____

Work phone #:_____ Cell phone #:_____

Address:_____

City:_____ Zip Code_____

Email:_____

Emergency Contact (Name/Phone No.):

Animal's
Name:_____ Breed:_____

Color/Markings:_____ DOB:_____

Sex: M__F__ Altered:Yes__No__

Disease(s)/Injuries/Allergies:_____

Vaccinations:

Rabies:_____ Other:_____

Medications:_____

Please describe any unique or aggressive behaviors? _____

What is expected from the Massage?_____

Is this the first massage for your pet?:____ If no, when was the last
massage? _____

Veterinarian: _____ Phone #:_____

Address:_____

Permission to consult with veterinarian? Please initial if yes. Yes__ No__

How did you find out about Hands to Paws?_____

Would you like to be added to the **Hands to Paws Mailing/Newsletter**
list? Yes____, No_____

Name(s)/Species of other pets:_____

Informed Consent for Animal Massage

I, _____ give my consent for Jennifer L. Streit, SAMP
to give _____ a therapeutic massage.

I understand that Massage practitioners do not diagnose illness or disease; nor do they prescribe medical treatment, pharmaceuticals, or perform spinal thrust manipulations. I have stated all medical and behavioral issues that I am aware of and will update Jennifer Streit, SAMP of any changes in my animals' health or behavior.

Informed Consent Continued

I am seeking therapeutic massage for my pet of my own accord for the purposes that massage is intended. Such purposes include, but are not limited to, relief of tension of sore muscles, reduction of scar tissue, relaxation, mental wellness, improved proprioception, improved circulation and/or improved range of motion. I understand and have had explained to me the procedures, benefits, and contraindications for animal massage and the side effects which may occur as a result of massage.

Ms. Streit is authorized to make health care decisions in case of an emergency. My veterinarian, Ballard Animal Hospital or an Emergency After Hours Clinic (e.g. Emerald City Emergency Clinic, ACCESS), will treat my pet in the event of an emergency. Place of treatment is to be dictated by the nature of the emergency. The veterinarian Ms. Streit chooses is authorized to exercise his/her professional judgment in treating my pet.

I will reimburse Ms. Streit or any veterinarian for any and all expenses incurred on my pet's behalf.

Ms. Streit and **Hands to Paws** shall not be held liable for unforeseen events that are a result of decisions or care made in good faith in the service or treatment of my pet.

I certify that I have read this agreement and I understand its content.

Guardian

Date