



J LINN BLACK HENLINE, SAMP, LMP, REIKI
425-286-3513 – www.jlinn.net

Date: _____

Dog's Name: _____ Reason for Treatment: _____

Legal Guardian's Name(s): _____

Address: _____

Phone: _____ Email: _____

Veterinarian: _____ Phone: _____

Address: _____

Dog's Breed: _____ Color: _____ Age: _____ Sex: _____

Spayed/Neutered: Y / N - Vaccinations Current: Y / N - Medications: _____

DISEASE/INJURIES: _____

Does this dog have ANY aggressive behaviors, e.g., biting, growling, others: Y / N

Describe aggressive behaviors:

Does this dog have ANY unique non-aggressive behaviors (mouthing, growling, barking, pawing, touchy feet, etc.): Y / N

Describe unique non-aggressive behaviors:

What results would you like to see from the massage: _____

Please list any information you feel may be pertinent that wasn't addressed above:

Massage is not a replacement for Veterinary care. By signing this form I agree that J Linn Black Henline will not be held responsible for any illness, accident or injury to my dog nor will she be held responsible for any damage to my home or property.

Signature: _____ Date: _____