



# Rocky's Retreat General Intake Form

(please complete entire form)

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

Please complete this form for all hydrotherapy, massage, Reiki and other appointment based services.  
**Do NOT use this form for boarding or daycare services.**

## CLIENT INFORMATION

Owner/Guardian \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

How long have you had your dog? \_\_\_\_\_

Where did you get your dog? Breeder  Shelter  Other (describe) \_\_\_\_\_

Number of people (including children) in your household? \_\_\_\_\_ Number of other dogs? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone Number \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## DOG INFORMATION

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F

Color/Markings: \_\_\_\_\_ Weight: \_\_\_\_\_ Housebroken?  Yes  No

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Spayed/Neutered?  Yes  No Date of Spay/Neuter \_\_\_\_\_  
mm day year

What is your reason for coming to Rocky's Retreat? \_\_\_\_\_

Were you referred by a healthcare Provider?  Yes  No If Yes, who? \_\_\_\_\_

What is the current overall health of your dog?  Excellent  Good  Fair  Poor

Who is your primary veterinarian? \_\_\_\_\_

Has your dog had recent surgery and/or injuries?  Yes  No If yes, date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, please describe: \_\_\_\_\_

Please describe and list the dates of any other past injuries and surgeries (do not include spay/neuter).

Type of Surgery/Injury	Date of Surgery/Injury

Does your dog have problems with bowel and/or bladder control?  Yes  No If yes, please describe.

\_\_\_\_\_

Does your dog have any sensitive areas on his/her body?  Yes  No If yes, please describe.

\_\_\_\_\_

Please describe your dog's basic personality and temperament. For example, is he/she outgoing, shy, etc.

\_\_\_\_\_

Does your dog have any emotional or behavioral issues we should be aware of?  Yes  No

If yes, please describe so we can better understand your dog's boundaries and help him/her to be as comfortable and confident as possible during our sessions together.

\_\_\_\_\_

If you're coming for hydrotherapy, please describe how your dog feels about water and swimming. Is he/she fearful of water? Does he/she like baths? Does he/she enjoy swimming?

\_\_\_\_\_

What are your dog's normal daily activities? \_\_\_\_\_

What type and how much exercise does your dog get? \_\_\_\_\_

What are your goals for your dog as they pertain to services provided by Rocky's Retreat?

\_\_\_\_\_

Is there any additional information you would like us to know?

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***NOTE: Always let us know of any health changes to your dog. If your dog is in our hydrotherapy program, some conditions may limit the amount of exercise or exposure to warm water your dog should have. You should always discuss warm water exercise and massage with your vet if the health of your dog changes.***